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VOLUME 51 • NUMBER 3
MONTREAL
March 1955

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Editor and Business Manager
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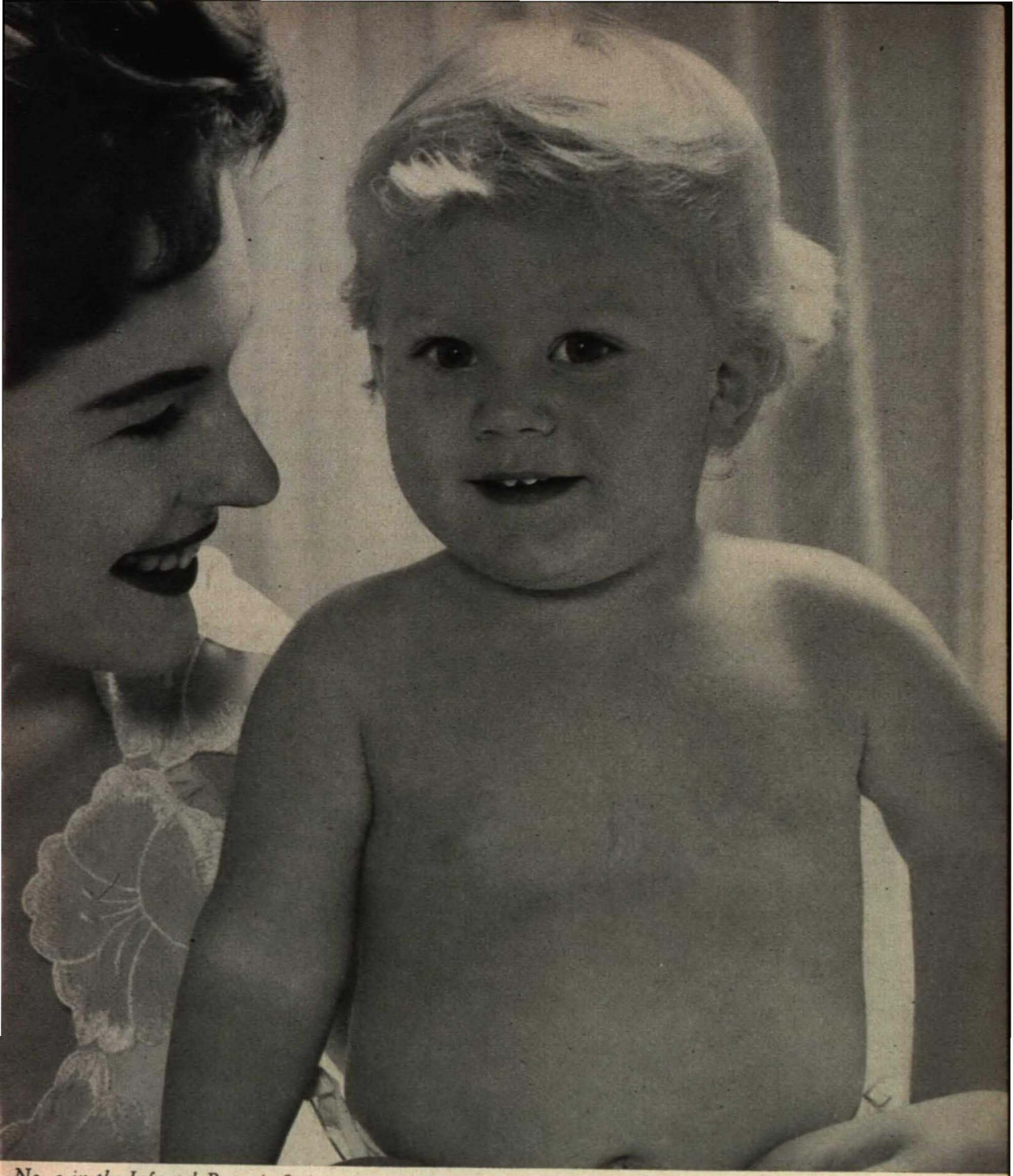

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Between Ourselves

Fifty years old! A human being approaches this milestone with very mixed feelings. There is likely to be some apprehension. Few people live to be 100 so having reached half that number of years means that life is considerably more than half over. A philosopher has offered a crumb of comfort by suggesting that while 40 is the old age of youth, 50 is the youth of old age. Still, none of us likes to contemplate the concomitant of advancing years — the inevitable slowing down of activity — so our friends are told to ignore our birthdays; we ourselves try to forget the years.

It is not so wih a vigorous journal nor an active progressive association such as our own. The pathway ahead stretches broad and distinct. In this issue our authors have portrayed clearly the many avenues that have been opened up as the years have passed. With them we rejoice in 50 years of accomplishment and in the prospects the future holds for the *Journal's* ever-increasing usefulness.

* * *

This seems a fitting occasion to restate the aims of *The Canadian Nurse* which were formally defined and approved by the Canadian Nurses' Association in 1934:

1. To reflect, interpret and integrate the thinking of Canadian nurses.
2. To afford a means for dignified publicity concerning the activities of the Canadian Nurses' Association.
3. To act as a stimulus toward intelligent study of nursing problems — professional, educational and economic.
4. To serve equally all the branches of nursing service and to avoid narrowness and sectionalism.
5. To be of service to all Canadian nurses and especially to those who practise their profession in isolated and remote parts of our country.
6. To interpret the aspirations and ideals of Canadian nurses to nursing groups in other countries.

In order to succeed in fulfilling these objectives, there are several obvious things necessary. First, there must be a continuing body of thoughtful, authoritative, well-informed authors whose writings will create interest and provoke discussion. We have been and continue to be successful in securing a high calibre of authors. During 1954, a total of 163 persons contributed articles, either individually or in collaboration. Busy doctors made up 23 of this group of authors. The prospects for the future are excellent.

The second necessity is that there should be a steady flow of interpretive material in the *Journal* so that every nurse has an opportunity to inform herself — yes, and himself — of the professional affairs of concern to us all. Under one caption or another the section prepared by our National Office meets this need in both languages. The presidents of our provincial associations take turns, as guest editors, in providing practical information regarding the activities in their areas. The provincial executive secretaries report the program and action taken at their conventions.

The third and perhaps most obvious requirement is that the nurses of Canada should read *and discuss* the fare provided in succeeding issues. Numerically, the *Journal* is available to thousands more nurses than it was even ten years ago. Perhaps the best criterion of the continued usefulness of the *Journal* is its acceptance by whole associations as their own. With this issue the nurses of Manitoba become the sixth provincial association to approve the inclusion of the subscription to *The Canadian Nurse* in their annual registration renewal fee. Welcome, nurses of Manitoba!

* * *

Few of our authors this month need any special introduction to our readers. Almost all are old friends of the *Journal* whose contributions have assisted us in meeting the aims we have just been talking about. We realized, however, as we reviewed the article describing the developments in nursing education during the past five decades that few of you may know that the author of that article, Frances McQuarrie, is a contributor every month as she whittles into shape the National Office releases that currently appear under the caption, "Nursing across the Nation."

We hope you will enjoy this special anniversary issue all the way through from the resplendent gold cover to the tiniest filler. We won't be here in the days when our successor is figuring out what to include in the 100th anniversary issue. But some of you young graduates will be, in all probability. Echo our greetings across the years as our staunch past presidents have done in this issue.

to promote
tranquil
breast feeding

New Products

Edited by **DEAN F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

CHOBELINE

Manufacturer—Reed & Carnrick Ltd., Toronto.

Description—Each 30 cc. contains: Choline chloride 2.0 gm., thiamine HCl 16.7 mg., riboflavin 6.67 mg., niacinamide 33.3 mg., sodium benzoate as preservative.

Indications—Fatty infiltration, degeneration and cirrhosis of the liver.

Administration—One or 2 tablespoonfuls with meals 3 times daily or as prescribed. Dilute with water if desired.

CLISTIN R-A Tablets

Manufacturer—*Can. Dist.:* Van Zant Ltd., Toronto.

Description—Each tablet contains: 8 mg. Clistin [2-(p-chloro-alpha-(2-dimethyl-aminoethoxy) benzyl] pyridine maleate, 4 mg. in the outer coat for immediate release and 4 mg. in the coated core for delayed action.

Indications—For the symptomatic treatment of allergic conditions such as hay fever, rhinitis, urticaria, dust sensitivity, etc., also as adjunctive therapy in bronchial asthma.

Administration—One tablet every 8 to 12 hours.

DELATESTRYL

Manufacturer—E. R. Squibb & Sons of Canada, Limited, Montreal.

Description—A sterile solution of testosterone enanthate in sesame oil, 200 mg. per cc. for parenteral administration.

Indications—*In the male*—dystrophy states due to lack of protein and in cachexia due to wasting illness, enuchism and eunuchoidism, impotence of glandular origin, climacteric-like state, postpuberal eunuchoidism, senile pruritus.

In the female—mennorrhagia, frigidity, mammary carcinoma, menopausal syndrome.

In Males and Females—Bone healing (delayed), Spinal paraplegia, senile osteoporosis.

Administration—Must be adjusted to the individual requirements of each patient.

DIPANEX

Manufacturer—E. B. Shuttleworth Limited, Toronto, Ont.

Description—A palatable antihystaminic cough syrup containing: pyranisamine maleate, ammonium chloride, syrup tolu, sodium citrate and chloroform.

Indications—Antitussive, particularly coughs of allergic origin.

Administration—One or two teaspoonfuls every four hours as required.

FACTRIN

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Each capsule contains Vitamin B_{12} with intrinsic factor 1/3 oral unit concentrate (U.S.P.), vitamin B_{12} crystalline 10 mcg., folic acid 1 mg., ferrous sulfate B.P. (5 gr.) 324 mg., ascorbic acid 50 mg., thiamine 5 mg., riboflavin 5 mg., nicotinamide 10 mg.

Indications—Pernicious and other macrocytic hyperchromic anemias, and microcytic hypochromic anemias.

Administration—In hyperchromic anemias—3 capsules daily or as required, preferably taken after meals.

In microcytic hypochromic anemias—1 to 3 capsules daily as required, preferably taken after meals.

GELSAMIDE

Manufacturer—Anglo-Canadian Drug Co. Ltd., Oshawa, Ont.

Description—Each compressed tablet represents: salicylamide 4 gr., phenacetin 2 gr., caffeine ¼ gr., gelsemium ¼ gr.

Indications—As a rapidly acting, well tolerated analgesic in migraine, neuralgia, rheumatism, arthritis, ovarian and uterine pain.

Administration—One or 2 tablets as prescribed.

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Manufacturer—Pfizer Canada, Montreal.

Description—Brand of Meclizine HCl (dihydrochloride of p-chlorobenzylhydryl-4-N-methylbenzyl-piperazine).

Indications—Prolonged action in preventing motion sickness, nausea and vomiting of pregnancy, nausea and vertigo associated with Meniere's syndrome, radiation sickness, etc.

Administration—25 mg. or 50 mg. daily.

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Manufacturer—Reed & Carnrick Ltd., Toronto, Ont.

Description—Each tablet contains: Mephenesin 250 mg., salicylamide 125 mg.

Indications—Conditions accompanied by skeletal muscle spasm and pain, such as low back pain, bursitis, arthritis, rheumatism and numerous neuromuscular dysfunctions.

Administration—Initial suggested adult dose is 2 or 3 tablets 3 or 4 times daily, preferably at mealtimes. Normally, relief is prompt and maintenance dose may then be adjusted to individual requirements. If a favorable response is not evident in 72 hours, the spasm is probably not amenable to mephenesin therapy.

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Indications—Nervousness, anxiety, neurasthenia, insomnia and related conditions.

Administration—One or more tablets after meals and at bedtime or as indicated.

NEO-CHOLEX

Manufacturer—Bell-Craig Limited, Toronto.

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Indications—As a uniform standard fat meal in cholecystography.

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Manufacturer—*Can. Dist.:* Winley-Morris Co., Montreal.

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Manufacturer—*Can. Dist.:* Professional Sales Corporation, Montreal.

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Administration—Apply to affected areas. In pruritus vulvae apply freely over the whole area including the intralabial folds.

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Manufacturer—Irwin, Neisler & Co., Toronto.

Description—Each tablet contains: cryptenamine (as the tannate) 2 mg. (equivalent to 260 carotid sinus reflex units), an alkaloid fraction from **Veratrum viride.**

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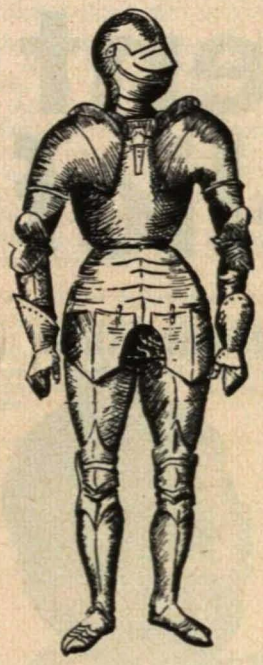

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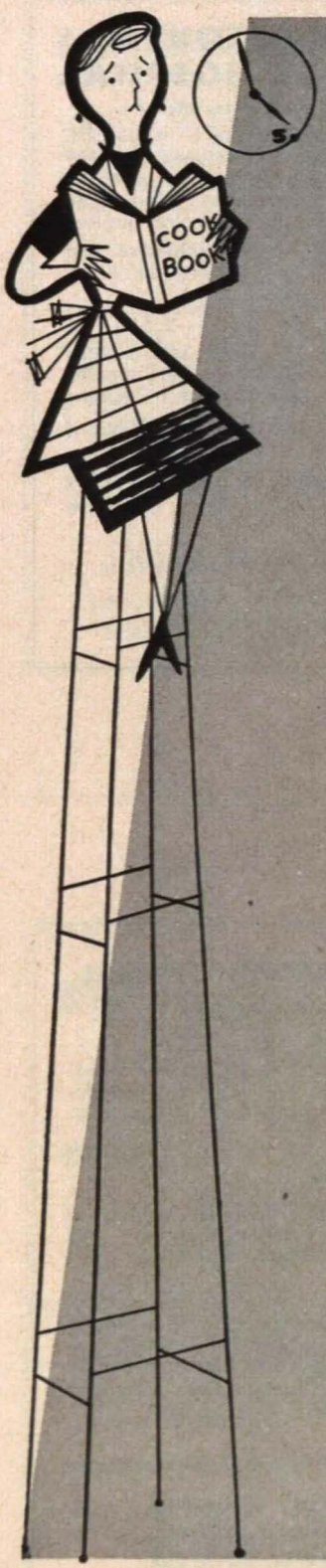

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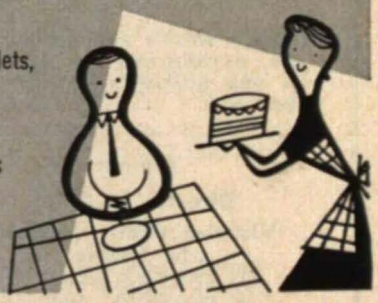

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 51 NUMBER 3

MONTREAL, MARCH, 1955

Fifty Years Young

FIFTY YEARS AGO there was a flurry of excitement among a small group of nurses in Toronto. Spurred into activity by that vigorous leader, Mary Agnes Snively, the Alumnae Association of the Toronto General Hospital, of which she was superintendent of nurses, was preparing to launch a new magazine — *The Canadian Nurse.* Yellowed minutes of the special meeting of January 28, 1905, record "satisfactory progress in connection with the publication of the 'historical copy.'" Dr. Helen MacMurchy, a dynamic woman physician, had consented to become editor-in-chief — a move probably designed to thwart medical criticism of the new venture. March, 1905! As Volume 1, No. 1, a 32-page issue complete with advertising, was published, *The Canadian Nurse* became a reality.

The first editorial set the tone and defined the purpose for that and succeeding issues:

> *The Canadian Nurse* will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine will aid in uniting and uplifting the profession . . . For the protection of the public and for the improvement of the profession, *The Canadian Nurse* will advocate legislation to enable properly qualified nurses to be registered by law.

Started as a quarterly, the interest in the new *Journal* grew steadily. Within two years, in response to many requests, monthly publication began. The Alumnae Association was suc-

DR. HELEN MACMURCHY

Portrait by Nakash

MARGARET E. KERR

ceeded as sponsoring body by a Publication Committee composed of nurse representatives from many parts of Canada. While they retained authority over the editorial content, the control over all details of business management was transferred to a commercial publishing company. A financial report for April 15, 1908 reveals a total of 712 subscribers for a magazine that cost $170 per month to print!

The Canadian Nurse Editorial Committee was formed as an incorporated body in 1910. One of their first pronouncements was "the editor shall be a graduate nurse." Arrangements were made, accordingly, for Miss Bella Crosby, a private duty nurse, who had served as assistant editor for several years, to assume the full responsibility.

Five years later, after some heated arguments for and against the proposition, the seven-year-old Canadian National Association of Trained Nurses purchased the publishing rights. It was a big undertaking for the young association whose funds were so limited. The purchase price, $2,000, was guaranteed by the various affiliating bodies but no money was provided for current operating expenses. In her first report, the newly appointed editor, Miss Helen Randal, described the problem she encountered as "making bricks without straw." Even meeting the monthly printer's bill was "a nightmare for the first few months." One suggestion for increasing the number of subscribers, mentioned in Miss Randal's report, took over 30 years to become an accomplished development ". . . to make the subscription a part of every nurse's fee to her nursing organization."

When the first National Office of the Canadian Nurses' Association was set up in Winnipeg in 1924, Miss Jean S. Wilson was appointed executive secretary. Shortly afterward the editorship of the *Journal* was transferred to her. The number of nurses in Canada had increased greatly since the time of the inception of *The Canadian Nurse* bringing increased responsibilities to the national officer so that more and more, as the months passed, the tasks of the part-time editor had to be fitted in when other pressing work was finished.

1932! Depression had closed in on the country's economy and in every community there were nurses who were literally begging for a day's work that they might eat. Attendance at the C.N.A. Biennial Convention was smaller than usual — so many nurses could not afford to go. Yet, despite the depression or perhaps because of it, the convention body gathered in Saint John took a momentous step — approval was given to the appointment of the first full-time editor and business manager.

It was fortunate for *The Canadian Nurse* and for nursing in Canada that brilliant, capable Miss Ethel I. Johns was willing to accept this dual role. During the eleven years of her editorship, Miss Johns introduced many new departments in the *Journal* and sponsored "Canadian Nurse Committees" in every local association to spark vital interest in the *Journal*. Long before she retired in 1944 she had achieved financial independence and a growing prestige for the *Journal*.

This month *The Canadian Nurse* has reached its golden anniversary. Whereas in its infancy articles were written for and the *Journal* read by a very limited circle of nurses in a few localities, today thousands upon thousands of nurses regard it as *their* magazine. Beginning with the New Brunswick Association of Registered Nurses in 1949, six of the ten provincial nurses' associations in Canada have now ap-

proved the inclusion of the subscription fee for the *Journal* in their annual payment of their registration renewals. A high calibre of valuable material is contributed regularly to the editorial pages from every part of the country.

Many letters of greeting and good wishes have come to mark this occasion. Space would not permit publication of all of them but notable names will be found among the well-wishers. The Editorial Board recommended that the articles in this issue should be devoted to the consideration of "then and now." This will be truly, as was the first issue, an "historical copy."

MARGARET E. KERR
Editor and Business Manager

GREETINGS

Former Editors and Executive Secretaries

I WAS PLEASED to be asked to send greetings to *The Canadian Nurse* for its fiftieth anniversary. I have been particularly interested in the magazine since the convention of 1915 when the C.N.A. decided to purchase and publish a professional magazine for Canadian nurses. It has been wonderful to see how the puny infant has developed. At that time, no equipment — a borrowed typewriter of ancient vintage, no office but a room in my own bungalow and, loaned to me, a desk in the printer's office in Vancouver. In 1918 it was moved to Vancouver sharing a small office with the Registered Nurses' Association of British Columbia until the C.N.A. opened their National Office in Winnipeg in 1924.

From that date I have watched it grow with pride. It has given great help by its high level contents to Canadian nurses in these past fifty years. I feel sure that the next half century it will continue to give is readers the best professional literature possible.

HELEN RANDAL
Editor, 1916-24

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As from the little acorn grows the oak, so through the years *The Canadian Nurse* has developed from a small quarterly magazine to a large monthly journal.

HELEN RANDAL

JEAN S. WILSON

The editor, staff and Editorial Board are to be congratulated on the present *Journal* which is a credit to us all. The nurses who contribute and the subscribers, all help to make the *Journal* one in which professional pride can be taken. Dr. Helen McMurchie and Miss Mary Agnes Snively would rejoice in seeing what they started develop into the present-day *Journal*. May *The Canadian Nurse* continue to progress through the years.

JEAN S. WILSON
Editor, 1924-33,
C.N.A. Executive Secretary, 1924-43.

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With this isssue, *The Canadian Nurse* celebrates its Golden Jubilee. Fifty years is a long time in the history of a young nation and it is in this first half of the twentieth century that Canada has come of age and has taken her rightful place among the nations of the world. The ceremonial observance of a fiftieth anniversary goes back to Biblical times and was marked by rejoicing that had a deeper spiritual significance than mere exultation. According to the Book of Leviticus, the year of Jubilee was also a time of emancipation and restoration — a time to look forward as well as back.

The Canadian Nurse will continue in the future, as in the past, to serve as a living link between the nurses who live and work in the widely scattered communities of this vast land. More and more, it will afford free expression of many different points of view and help to reconcile them. Above all, it will strive to interpret the spirit of Canadian nursing, not only to ourselves but to nurses

ETHEL JOHNS

GERTRUDE M. HALL

in other countries. "All round the world — and a little hook to fasten it."

ETHEL JOHNS
Editor, 1933-44

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A Golden Anniversary is always an occasion for reminiscing, congratulations and rejoicing. So it is with the fiftieth birthday of *The Canadian Nurse*.

Canadian nurses may well look with pride upon the fine record which their official *Journal* has achieved during the past fifty years. This period, so vital in our history as a profession and as a nation, has witnessed the development of all provinces as separate entities, each with distinct characteristics yet bound together under our common traditions. In Canadian nursing, this half-century has witnessed the enactment of legislation in all provinces to control the preparation and the practice of nurses, the growth of professional nursing associations, provincial and national, and tremendous improvement in the standards of nursing service and nursing education. Canadian nursing has played an active part, too, in the International Council of Nurses.

In all of this tremendous activity, *The Canadian Nurse* has been the official voice of the Canadian Nurses' Association, reporting upon developments as they have occurred in the unfolding of our history, and interpreting these not only to Canadian nurses and citizens at large, but also to professional and lay people of other countries.

The power of the press is great both in reflecting accurately events as they transpire and in helping to shape public opinion. The authority of a professional magazine, such as

the *Journal*, shares in the power of the press generally but it has, in addition, the great responsibility of contributing to the knowledge of its readers by wise and timely articles on topics of current professional interest and importance. That *The Canadian Nurse* has discharged its many serious responsibilities so competently during the past fifty years is indeed a source of great pride to the nurses of Canada, whose voice it is.

Congratulations on this happy occasion are offered to the present and the past distinguished editors. May the next fifty years witness continuing growth and a fine quality of achievement.

GERTRUDE M. HALL
General Secretary, C.N.A.
1944-53

The Presidents, Canadian Nurses' Association

ON THE OCCASION of the fiftieth anniversary of the publication of *The Canadian Nurse* it is my privilege, as senior surviving past president of the Canadian Nurses' Association, to send greetings to the editors and Editorial Boards, both past and present.

By coincidence, March 1955 marks the fiftieth anniversary of my own professional life. Consequently, I have been in a position to observe the development of our *Journal* from its infancy to the present important date. To the early editors we owe much for their perseverance in keeping the *Journal* alive, often under very difficult conditions. So we remember their services with gratitude and appreciation.

Today it must be a source of great satisfaction to us all that the present editor and her Ediorial Board have succeeded in bringing *The Canadian Nurse* to its splendid level of excellence. Our thanks to all who have had a part in this important undertaking and all good wishes for a successful future.

EDITH MACPHERSON DICKSON
President, C.N.A.,
1920-22

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Congratulations to *The Canadian Nurse* on having completed fifty years of successful publication. During all that time it has been a unifying, stimulating force in the nursing profession. The Canadian Nurses' Association has always been national rather than provincial in outlook and doubtless its magazine has been largely responsible for that.

It has been responsible, too, for keeping all its readers informed of important educational movements within the profession, such, for instance, as the Weir Report published in 1932. This was the first serious attempt to get documentary evidence of the conditions under which nursing was carried on in Canada. Many of the weaknesses revealed by the Report have since been corrected, but not all. Governments still do not take responsibility for nursing education as they do for medical education or the training of teachers. This remains a challenge for our national magazine.

I salute *The Canadian Nurse* and trust that its next fifty years may be as fruitful of good results as its first fifty. I should also like to compliment the present editor and the Editorial Board on the excellence of the current issues of the magazine. Its present circulation testifies to the appreciation of its readers at home. All Canadian nurses may feel proud of the way it represents them abroad.

JEAN E. (BROWNE) THOMSON
President, C.N.A.,
1922-26

JEAN E. (BROWNE) THOMSON

Greetings and congratulations to everyone connected with *The Canadian Nurse* since its first publication fifty years ago. To the pioneer editors, who are no longer with us, we are grateful for their vision and courage. Their names will always be honored. To the succeeding editors who, each in turn, building upon the work of her predecessor, courageously grappled with the problems peculiar to her epoch — to each one we express our deep gratitude and admiration.

To the nurses who formed the Editorial Boards and to the office staff — greetings! They each deserve our hearty thanks. And last but not least, we all acknowledge with humility our indebtedness to the men and women who, over the years, have contributed the articles which have protrayed our professional development and have inspired us to work towards the goal to which every effort of the nursing profession must be directed — better service, in its very broadest sense, to mankind in an ever-changing world.

MABEL F. GRAY
President, C.N.A.,
1927-28

* * *

In these days of national prosperity it seems a far cry to the years of depression in the early thirties. And yet it was at that time that Canadian nurses had the foresight and stamina to appoint a full-time editor for *The Canadian Nurse*. Their conviction concerning the value of the written word has been justified. In contrast to the position of the earlier days when it was subsidized heavily by the National Association (because of meagre subscriptions and advertising) the magazine has achieved a status of financial independence with many provincial associations including a subscription to *The Canadian Nurse* as a part of the annual renewal fee.

Participation in professional growth in this country for well-nigh four decades cannot but lead to certain conclusions. Among these the influence of the professional magazine in interpretation and integration stands out in bold relief. And this not only in matters relating to nursing method and procedure but also in the formation of a sound philosophy underlying all action in issues vital to the profession in Canada and beyond.

Associated with a celebration of its fiftieth anniversary of publication, it is fitting to express the hope that the last half of the century may prove the pen to be mightier than the sword and that in such vindication our professional *Journal* may play an increasingly worthy part.

With hearty good wishes coupled with a sense of fulfilment.

FLORENCE H. M. EMORY,
President, C.N.A.,
1930-34

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Greeting and good wishes to *The Canadian Nurse* on its fiftieth birthday.

What a bold step it was for that small

FLORENCE H. M. EMORY

RUBY M. SIMPSON

group of nurses who so many years ago set about publishing a *Journal* which would fittingly uphold the highest ideals of a young profession. They were indeed gallant souls and their efforts have served as a challenge to all who have followed. One has but to read the pages of the *Journal* of today to be assured that the challenge has been ably met. It is with justifiable satisfaction that we observe the splendid magazine that has grown from that small beginning.

The Canadian Nurse is fifty years young. Even its covers are cheery. Optimism and forward looking policies shine clearly through all its pages. It provides the most modern thought in nursing practice and education and records ably the history of an honorable and ever progressing asociation.

As we look now toward the second half of a century of service, the challenge rings as clearly as ever before. Much has been accomplished but "a man's reach should exceed his grasp," So with humble pride in the past, with courage and faith in the future, we can look forward with confidence to continued and even greater progress.

RUBY SIMPSON,
President, C.N.A.,
1934-38

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In Miss McArthur's New Year message in 1954, she quoted from the presidential address of 1914. Expressing her own thoughts in referring to the elapsed 40 years, she prefaced her remarks with "How successful have we been? . . . Have we followed a straight and true path?" Then she added a wish "that I might . . . read and ponder over the wisdom and foresight of our predecessors and, of course, speculate on their reactions . . . if they could see us now!"

Many of them do! An amazing number of those who guided the affairs of Canadian nursing at that time have been privileged to share in or watch with interest, the gradual reaching toward maturity of both *The Canadian Nurse* and the parent organization, the Canadian Nurses' Association.

Those of us who were present at the annual meeting in Winnipeg well remember the anxiety that underlay the discussion preceding the vote on the purchase of the *Journal*. I venture to affirm that the courage of that small group of nurses was far greater than that of our provincial or national associations today that budget in terms of tens of thousands of dollars. Some of those members in 1916 may have had their tongues in their cheeks when they voted.

GRACE M. FAIRLEY

How could nurses, untrained in business methods, make a success of this venture?

To the editors, past and present, who have brought our *Journal* to its high professional level we owe a debt of gratitude that can be expressed only on such an historic occasion as a Golden Jubilee.

GRACE M. FAIRLEY,
President, C.N.A.,
1938-42

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It is a pleasant privilege to pay a tribute to *The Canadian Nurse* on its Golden Anniversary. Anniversaries of professional journals are significant events for they focus attention upon stages of growth and attainments.

Many courageous and venturous endeavors

MARION LINDEBURGH

have had small beginnings. To those stalwart pioneer editors who steered its early course, surmounting limitations and difficulties, we pay our highest tribute. Through continuing competent leadership, fifty years have brought into being a professional journal of recognized worth. We have reason to be grateful as well as proud. For what has been accomlished we extend congratulations and good wishes for the years ahead.

The Canadian Nurse belongs to the nurses of Canada in whose interests it is published. It becomes a professional duty — a most profitable one — to become a subscriber and, if possible, a contributor to the content of the *Journal.* In such terms the *Journal* is what we make it, and we shall derive from it what we put into it.

The future of *The Canadian Nurse* depends in large measure upon our realization of its increasing need as an indispensable professional aid. We can see but dimly into the future, but let us be mindful of the fact that members of he Canadian Nurses' Association today have a large part to play in determining the destiny of our national *Journal* — "Our main business is not to see what lies dimly at a distance but to do what lies closely at hand."

"To die daily after the manner of St. Paul ensures the resurrection of a new man who makes each day the epitome of life" — from *A Way of Life* by Sir William Osler.

So let us continue to build upon the strong foundation already laid; let us look above as well as beyond, grateful for our heritage, mindful of our trust, persevering in our efforts, and hopeful in outlook for the future

RAE CHITTICK

professional usefulness of *The Canadian Nurse.*

MARION LINDEBURGH,
President, C.N.A.
1942-44

* * *

As a past president I have been given the privilege of writing a few words to congratulate the *Journal* on fifty years of service to members of the Canadian Nurses' Association. These fifty years have been filled with great things for anybody connected with the healing arts. They are called the golden age of medicine and nursing has shared in this glory and contributed to this phenomenal progress.

At the beginning of the century the physician and nurse were the two close partners in the great endeavor to heal the sick, but this partnership has expanded until now it is a company affair which includes not only the original partners but aides, clerks, technicians, social workers, sanitary engineers, sociologists, and even the patient himself along with his family.

Our new partners have made us take stock of ourselves and our profession and have added new incentives and a fresh approach. I am reminded of this when I look back on that very wonderful meeting at Sackville. And it was *wonderful,* not because I was feeling important as president, but because the Maritimers gave us their hearth for that meeting and were all about us with their warm, gracious ways. Friendliness and good fellowship spread from workshop to workshop — all nine of them to be exact. In those workshops much earnest thought was taking place on counselling and guidance, personnel administration, public relations, staff education, test and measurements, and even something which seems obscure to me now called Job-in-Training. Now I hear little about such things. Have we mastered these difficulties, or absorbed them into bigger and better problems? Today, one hears much about interpersonal relations, comprehensive nursing, mental health, rehabilitation, home-care programs and research.

At the moment, as I puzzle over these problems and see no easy solution in sight, I am comforted by the thought that I felt much the same about the very difficult set of problems we faced on the Mount Allison campus seven years ago. We didn't solve those problems exactly, but we recognized them. We sat down together to make plans for improvements, and that is a very great

step towards a solution. So it will be with these current difficulties that are now being discussed across the country. It is the recognition of the problem that counts and the willingness to sit down together to work out plans.

In this great country of ours geography makes it difficult to meet together to exchange ideas, but we do have this very fine magazine which is a good substitute for sitting down together. It is *our* organ, *our* place to express needs and difficulties, to suggest solutions, to learn what others are doing. May we all help to make it important and useful to every member of our profession in Canada.

RAE CHITTICK,
President, C.N.A.,
1946-48

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The Golden Jubilee of *The Canadian Nurse* affords a unique opportunity for Canadian nurses to reflect with pride upon the achievements of the official organ of the Canadian Nurses' Association. The recognition that excellence and growth are inseparable and the full realization of the interpretative responsibilities and the unifying influence of a professional journal have been keynotes in the development of *The Canadian Nurse.*

The part it has played in the recent Structure Study is one example of its interpretative and unifying opportunities. From the proposal of the Study to the final decision reached at the Biennial meeting in Banff, through the medium of our *Journal,* nurses were not only kept well informed but were stimulated to think vigorously about the future of their national organization. The demonstration in nursing education at the Metropolitan School of Nursing in Windsor, which has attracted so much interest nationally and internationally and has had such far reaching results is another instance of the assistance such a *Journal* can give through interpretation. These are but two illustrations of the interdependence of the Canadian Nurses' Associaion and *The Canadian Nurse.*

The Canadian Nurse has immeasurable power and has been a social force throughout the nursing world. Congratulations and God speed you.

ETHEL CRYDERMAN,
President, C.N.A.,
1948-50

* * *

Greetings to *The Canadian* Nurse from Korea. In this most troubled part of the world, people of good will are working together with a common purpose — the right of the individual to an existence worthy of a human being. Amid the ruins of war this need becomes a stark reality and the significance of the professional nurse shines out as never before. In this land can be found nurses from many parts of the world: Korea, United States of America, Italy, England, Sweden, Australia, Canada, Germany, Belgium, Denmark, Switzerland and others. On very rare occasions they take time out to come together to create a modern symphony of many languages made beautiful by the full harmony of friendship and understanding so easily attained by nurses. It is a privilege to be a part of this experience.

The Canadian Nurses' Association has a short history when viewed from a land where history is counted in thousands of

ETHEL CRYDERMAN

HELEN G. MCARTHUR

Ashley & Crippen, Toronto

GLADYS J. SHARPE

years rather than in centuries or half centuries. But the progress our association has made is even more remarkable when considered in this light. Every Canadian nurse, no matter where she serves, can count herself blessed in her heritage and rich in the opportunities of the present and the future. With this are coupled demands that are great and will be greater still. I am convinced that the pathways to the future in the Canadian scene are well charted and well manned.

The Canadian Nurse is our means of communication at home and abroad. In Korea my *Journal* has become even more precious to me and my pride in it has grown because here I have met doctors and nurses of other lands who read it with interest and respect. There is no doubt that it will continue to play a very real part in Canadian history, if every Canadian nurse call *my* journal, *her* journal.

To those who have made our *Canadian Nurse* what it is today, let us say thank you for the past 50 years. Its contribution can and will become more significant each day and year as professional nursing plays its full part throughout the world.

HELEN MCARTHUR,
President, C.N.A.,
1950-54

* * *

I am glad to accept the invitation of our editor to send a message for the anniversary issue. At the completion of its first half-century one is led to reflect upon the purpose served by *The Canadian Nurse* through the years. The reason for either speaking or writing is to transmit ideas from one mind to those of others. The interpretations may vary widely. It has been said that when one author put down his words they are filled for him with his own meaning, but when another picks them up they are empty cups which the reader fills with *his* own meaning. For several years I have looked to the *Journal* for a reflection of the thinking and activities of individuals and groups in our profession. Therefore, it is with a sense of professional pride that one recognizes the clear, direct thinking which precedes the setting down of our editors' "cups." The pages of the *Journal* are replete with ideas of vital interest from which the reader may select at will.

May our magazine grow and develop, then continue to serve as a successful interpreter and spokesman for the next half-century of nursing progress.

GLADYS J. SHARPE,
President,
Canadian Nurses' Association

International Council of Nurses

AN ANNIVERSARY IS ALWAYS a happy event, but, when we celebrate the 50th year of the foundation of the *Journal* of a national nurses' association, it is indeed a wonderful event.

Fifty years of study, work, sometimes of struggle! It is difficult for nurses today, who enjoy the privileges and protection of their professional organization, to realize the hard work and sheer courage of the women who founded these associations.

To establish professional relationship, to provide valuable professional information, to be a strong link between different nurses' associations, and to spread these generously through the world over a network of friendship — this is certainly worthwhile celebrating.

The Canadian Nurses' Association, among which I count so many friends, and to whom my own country owes a tribute of gratitude for their wonderful help during the two world wars, may be proud of having such a well established *Journal*. On behalf of the International Council of Nurses, I have the privilege to send to Miss Kerr and all previous editors of *The Canadian Nurse* my sincere congratulations as well as my warmest wishes for a still more brilliant future.

M. Bihet, President
International Council of Nurses

* * *

On behalf of the Headquarters' staff of the International Council of Nurses I am happy to send, in a spirit of sincere appreciation, our greetings and congratulations to all members of the Editorial Board of *The Canadian Nurse Journal* and to the editors who have guided it during a half century of progressive service for the nursing profession.

Canada is a great and prosperous country and its growing population is scattered over vast territories. For this very reason the nurses of Canada who are concerned with the health and welfare of their people and whose high professional standards are recognized the world over, need a coordinating service such as a professional journal can render. *The Canadian Nurse* has consistently worked to meet these needs and to keep its readers abreast of current developments and constant changes in professional practice.

Not only has it met its responsibilities on a national basis but throughout its long history *The Canadian Nurse* has recognized

Daisy Bridges

and strengthened the links which bind nurses of all countries, by loyally recording and supporting activities and developments within our international professional organization — the International Council of Nurses. For this international service we, on behalf of the I.C.N., tender especial thanks, in gratitude for our friendly relationship which has existed in the past and in confident anticipation of continued close cooperation.

As *The Canadian Nurse* approaches a new half century of professional work, we send our good wishes to the staff that they may have strength and vitality for the tasks which lie ahead.

Daisy C. Bridges, C.B.E., R.R.C.
Executive Secretary,
International Council of Nurses

Contemporary Journals

The Canadian Nurse, official organ of the Canadian Nurses' Association, began publication 50 years ago, in Toronto. After having been published successively in Vancouver and Winnipeg, it finally was brought to Montreal, where it has been settled for some years.

These moves must have been dictated by necessity, for moving a journal around is not the treatment by choice if it is to develop properly. In any case *The Canadian Nurse* has gained a high place in Canadian journalism and with justifiable pride can acknowledge the expressions of congratulation and good wishes for its continued success which it will receive from its many friends. None of these messages will be more cordial and sincere than this one from the Canadian Medical Association.

H. E. Macdermot, M.D., Editor,
Canadian Medical Association Journal

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To *The Canadian Nurse*, on its completion of 50 years of continuous publication, *The Canadian Hospital* extends warm congratulations. In the past half century very many important changes have taken place in the education, duties, and responsibilities of

nurses. During all this time *The Canadian Nurse* has given constructive leadership to the nursing field and has inspired devotion to the ideals of good nursing care for the Canadian people.

Today, more than ever before, we live in an age of acceleration, with demands for nurses to enter more and more new fields and to take on added responsibilities. *The Canadian Nurse* has pioneered in interpreting the many opportunities for Canadian nurses to serve the community as a whole. As a publication it continues to increase in stature as the years go by. The Canadian Hospital Association extends to that lively journal its good wishes for future success and long continued prosperity.

W. Douglas Piercey, M.D.
Executive Director
Canadian Hospital Association

* * *

The *American Journal of Nursing* takes pleasure in congratulating its sister publication, *The Canadian Nurse,* on attaining its fiftieth anniversary. We are proud to acknowledge the ties of kinship that bind the profession in our two countries. Both Canadian and American nurses were members of the pioneer nursing organizations on this continent, and we are especially mindful that Mary Agnes Snively and other eminent Canadian nurses made important contributions to the progress of the American Society of Superintendents of Nurses which became the National League of Nursing Education. It was the laws that govern incorporation, not diverse aims, that necessitated the separation into national groups.

The development of nursing in Canada has been presented very effectively in the pages of *The Canadian Nurse* ever since its founding. We have followed the reports of this development with lively interest, believing that the objectives of our profession remain the same, on each side of the invisible line which separates our countries.

Nell V. Beeby

We have applauded your successes and the unity of purpose that has held all types of nurses in one organization. We have sometimes been envious, as when true military status was granted Canadian nurses long before American nurses were commissioned. We have admired your thoroughness — for example, the superb study of Canadian nursing that was prepared by Professor Weir — and also your success in securing the cooperation of organized medicine and the National Red Cross in the experiment with a two-year basic program.

We rejoice in Canada's current prosperity which will inevitably produce new opportunities for nurses. And we anticipate sharing in the stimulation that will come as new developments are reported in the pages of *The Canadian Nurse.*

Because its foundations are sound, we believe the Canadian Nurses' Association and its excellent official publication, *The Canadian Nurse,* can look forward to ever greater achievements. The *American Journal of Nursing* wholeheartedly extends its warmest good wishes for mounting success during the oncoming fifty years.

Nell V. Beeby, R.N., Editor
American Journal of Nursing

* * *

It is with the greatest pleasure that the *Nursing Times,* official journal of the Royal College of Nursing, Great Britain, sends its warmest greetings and congratulations to *The Canadian Nurse* on completion of its first fifty years as Canada's official nursing journal. This Canadian jubilee is of special interest to us as in 1955 the *Nursing Times* also celebrates its Golden Jubilee, having first appeared on May 6, 1905.

The close association between our two countries is one of our most treasured possessions and all opportunities which further sympathetic understanding and friendly contacts, especially between members of our own profession, are of inestimable value. The exchange of our journals, together with opportunities for study and many personal contacts in both countries and through international meetings during the past half century have done much to build a lasting and stable friendship. Our common heritage and the spirit of service and adventure which first took nurses from the Old World to the New

has been reflected more recently in the service of Canada's nurses in our own country, not only in times of peace but also in two world wars.

For myself, it was a special pleasure to meet Miss Kerr among the nurse editors attending the Congress of the International Council of Nurses, held in Brazil in 1953. Miss Marion West, deputy editor of the *Nursing Times*, has close personal links with the nursing profession in Canada, having trained at the Winnipeg General Hospital.

So we welcome most warmly this opportunity of sending to *The Canadian Nurse*, on the occasion of its Golden Jubilee, a very sincere message of friendship, good wishes and good fortune now and in the years to come.

MARJORIE L. WENGER,
Editor,
Nursing Times

* * *

A Golden Jubilee is always a memorable occasion—particularly when it is a jubilee of service such as that rendered month by month by *The Canadian Nurse* to the nursing profession in your great Dominion. By virtue of its continent-wide readership in all fields of nursing. *The Canadian Nurse* has fulfilled a vital educational function and many thousands of nurses must have had cause, through the past 50 years, to be thankful to it and its editors.

Nurses in Canada (and overseas) look forward to greeting each new issue as it appears with its attractive format and varied articles and pictures. That *The Canadian Nurse* looks easy to produce is a tribute to the skill and enthusiasm that have gone to its making. We who have personal experience of some of the problems involved would like to congratulate the nursing profession in Canada on its fine journal and also all those concerned with its production through half a century of distinguished service. We wish *The Canadian Nurse* even more opportunities for service in the half century to come and ever increasing esteem and affection from the readers whom it has served and is serving so well.

J. ELISE GORDON, O.B.E., M.A.,
Editor,
Nursing Mirror.

Sélection

Ah - ces jeunes! (Ou Une Bonne Méthode d'Enseignement)

Un groupe d'étudiantes de 2e année, devant les difficultés éprouvées par les malades opérés pour colostomie, à leur départ de l'hôpital, résolurent de leur venir en aide, mais elles ne savaient pas comment elles pourraient le faire.

Le problème fut présenté à la classe, toutes résolurent d'y travailler, guidées par l'institutrice chargée des soins en chirurgie. Les soins à donner furent divisés en 8 parties, les étudiantes divisées par groupes furent chargées de faire des recherches sur un point particulier. Des questionnaires furent envoyés aux anciens opérés, etc.

Leur travail, une fois terminé, fut trouvé si utile que l'hôpital le fit imprimer et depuis le distribue à tous les opérés pour colostomie.

Voici le sujet des chapitres.

Hygiène personnelle — bain, douche, déodorant, protection de la peau.

Votre salle de bain — le chapitre le plus considérable, la technique de l'irrigation y est donnée. Les ustensiles que l'on trouve à domicile, pouvant être utilisés souvent, sont plus simples, plus économiques et plus à portée.

Comment protéger la plaie — "le bouton de rose", les pansements, sacs, protecteurs.

Ce qu'il faut manger — diète bien équilibrée.

Habillement — les bandes, corsets, suggestions pour camoufler les protecteurs.

Comment vivre — aussi normalement que les autres — hygiène mentale.

La visite au médecin — les signes et symptômes qui doivent être rapportés.

Vos revenus et votre colostomie — donne le coût d'appareils sur le marché et des articles d'usage courant pouvant être utilisés.

N'est-ce pas là une excellente méthode d'enseignement et une preuve que l'instruction de l'étudiante est mise au service du bien-être du malade.

— *American Journal of Nursing*, déc. 1954.

Historical Sketch of the C. N. A.

M. Pearl Stiver, B.S.

As one reads the first constitution of our association one is reminded of the immortal essays of Henry Drummond. Over and over in these early annals one finds such words as understanding," "service," "hospitality," "honor," "unity," and a beautiful but homey word "usefulness." Indeed our nursing ancestors were exhorted to "consider matters calmly — not from the personal standpoint but from that of the *summum bonum.*"

This noble association, "The Canadian National Association of Trained Nurses," as it was then called, was born in the city of Ottawa on October 8, 1908. It was in an endeavor to have professional nursing in Canada attain full membership in the International Council of Nurses that Miss Mary Agnes Snively, then the lady superintendent of the Toronto General Hospital and president of the Canadian Society of Superintendents of Training Schools for Nurses, conceived the idea of forming a federation of nursing associations in Canada.

This early council brought together in affiliation with the Canadian Society of Superintendents, seven hospital alumnae associations, six local associations of nurses, such as the Graduate Nurses' Association of Vancouver, Canadian Nurses' Association of Montreal, etc., and two provincial associations, Manitoba and Ontario. At this, the very first meeting of a Canadian national nurses' association, these nurses agreed that the name of their association should be "The Provisional Society of the Canadian National Association of Trained Nurses." They accepted a constitution, outlining their association's objectives.

M. Pearl Stiver

Miss Snively was named president and Miss Flora Madeline Shaw, instructor of The Montreal General Hospital, was appointed honorary secretary-treasurer. "Thus," in Miss Snively's words, "There came into being that autumn afternoon, in the capital city of our Dominion, Ottawa, The Canadian National Association of Trained Nurses."

Miss Snively's ambition to have Canadian nursing represented in the International Council of Nurses became a reality when on July 24, 1909, in London, England, at the quinquennial meeting of the International Council of Nurses, she presented the Canadian National Association of Trained Nurses for membership. In her address Miss Snively stated that her report represented 70 schools of nursing in Canada, ranging in size from 10 to 100 students. She reminded the members that territorially Canada, stretching from the Atlantic to the Pacific, was the largest country represented in the International Society.

She spoke also of the "forwardness of nursing education in Canada" and "the quality of lady superintendents." She related that a school nurse had begun her beneficent work in Canada and that district nursing was becoming more indispensable each year. With pride she pointed out that Canada had its own nursing *Journal* and a progressive Canadian Nurses' Association.

Sixteen affiliated associations, 70 schools of nursing, one school nurse, district nursing newly established! These were the beginnings. Today — 47 years later — the Canadian Nurses' Association is an incorporated federation of the ten provincial registered

Miss Stiver is general secretary of the Canadian Nurses' Association.

nurses' associations, with a total membership of 38,228.

When the Act of Incorporation of the Canadian Nurses' Association was revised last year to include the Association of Registered Nurses of Newfoundland, Senator Paterson, addressing the Senate on our behalf, stated that the Canadian Nurses' Association "represents the nurses of Canada in the eyes of the people of Canada," and as well "speaks for Canadian nursing in the international field."

The Senator related also to his fellow Senators that:

> There are 171 schools of nursing in Canada with a total enrolment of 15,713 student nurses. These schools graduate approximately 4,000 nurses each year. There are, as well, 11 university schools of nursing which provide post-graduate courses for nurses, as well as in some instances basic nursing preparation.
>
> The members of the Canadian Nurses' Association had a splendid record of service in the last war, with 5,070 on active duty in the three services, of whom 500 were decorated.

The Canadian Nurses' Association — what are its accomplishments? During the years the nurses of Canada have, through the efforts of their provincial registered nurses' associations and the support of the C.N.A. gained registration as nurses.

In 1932 the Canadian Nurses' Association, with the Canadian Medical Association, sponsored "A Survey of Nursing Education in Canada." The report of this Survey by Dr. George M. Weir, and its recommendations, have strongly influenced the standard of nursing education in our country.

In 1936 the Canadian Nurses' Association prepared and published a proposed curriculum for schools of nursing in Canada.

Twelve years later, 1948, with financial assistance from the Canadian Red Cross Society and the Ontario Department of Health through Federal-Provincial grant, the Canadian Nurses' Association sponsored a research project in nursing education, the Metropolitan Demonstration School of Nursing. The report of this project has been studied around the world and has gained for Canadian nursing international recognition.

Today the Canadian Nurses' Association has a streamlined structure. In the set-up of our five national committees, provision is made for free channelling of ideas, beliefs, convictions of the individual nurse to the Executive Committee and, with the approval of the general membership, to C.N.A. policy.

In 1953 the first Nursing Service Secretary and Nursing Education Secretary were added to the staff of National Office. These two nurses, working closely with the nursing service and nursing education committees, will assist with and carry through further research projects in their fields. In 1954 another nurse was added to the staff of National Office, a bilingual assistant secretary.

After 47 years — years of progress and gradual expansion, the Canadian Nurses' Association, by unanimous vote of its membership, moved its National Headquarters to the place of its birth — The capital city of our Dominion — Ottawa. Here, the National Office staff await with anticipation the arrival of the *Journal* Office. Here, it is believed, the Canadian Nurses' Association may increase its effectiveness in national planning and research with respect to nursing.

As we of the Canadian Nurses' Association with our journal, *The Canadian Nurse*, face the future with hope and anticipation, may I ask you, as the president of the International Council of Nurses asked in her address on that July day in 1909 when our Association was received into membership, "To consider the brave women, strong and true, and the God who led, guided and helped them to make the past of our beneficent profession. We are grateful that we do not have to live that past over again, and thankful for the heritage in which we have entered.

"But let us all remember that privilege means responsibility, that a better century does not mean that it shall minister to us, but we to it. We can only be worthy of the inheritance which has been bequeathed to us as we use our large opportunities to make our country, and the world, better, brighter, purer, nobler, with each succeeding year."

What do Provincial Nurses' Associations do?

ALICE L. WRIGHT, B.S.

THE PROVINCIAL NURSING ASSOCIATIONS in Canada, like national and state associations the world over, were originally organized for a twofold purpose — to promote acceptable standards of "nurse training" and to secure governmental and public recognition for those nurses who had completed a period of formal training. In the countries of Europe and the North American continent, the first organizational steps were taken in the last two decades of the nineteenth century. The first association of professional nurses was organized in Great Britain, in 1887. That professional consciousness so swiftly followed the introduction of the Nightingale system of training is of particular interest in view of Miss Nightingale's great opposition to organization among nurses. The historian, John Murray Gibbon, wrote: "The genius of Florence Nightingale in creating a secular profession in nursing did not extend to the idea of self-government, to which she was intensely opposed."

Professional nursing associations exhibit great differences in organization, purposes and responsibilities. In most countries legal control of nursing education and practice is national and a function of a governmental agency. In Canada and the United States, where legislation concerning health, education and licensing is provincial or state, each province or state has its own nursing act. In the United States, the nursing act is administered by a state authority, usually designated as the Board of Nurse Examiners. In Canada, registration acts are administered by the provincial nursing associations. Two of these, those of Quebec and Prince Edward Island, are mandatory acts. In Manitoba, the Registration Act and the Practical Nurses' Licensing Act together constitute mandatory legislation. The responsibilities and activities of provincial associations are therefore concerned with the administration of the nursing act and the affairs of the professional organization, including the welfare of its members.

ALICE L. WRIGHT

As noted above, the origin of each provincial association is closely related to the efforts of nurses to secure professional recognition. The earliest nursing groups were alumnae associations, local graduate nurses' associations and nurses' clubs. These groups came together in order to promote united action in efforts to secure legislation. The period of time between the organization of a provincial association and the passing of the first nursing act reflects, to a degree at least, the extent of the difficulties encountered. These difficulties were not entirely due to opposition on the part of the public or the members of provincial legislatures. Many of these activities coincided with war years when matters not considered urgent were set aside. Opposition that existed was the result of fear that by enacting legislation which would recog-

Miss Wright has been the Executive Secretary of the Registered Nurses' Association of British Columbia since 1941.

nize only the more highly trained nurses, the services of the partially trained or untrained workers, who constituted the core of nursing personnel in hospitals without students, would be lost.

The nurses of Nova Scotia in 1910 were the first to secure legislation; by 1922 each province had a registration act. The first nursing act of Newfoundland came into effect in 1931. A new act, which makes the provincial association the administrative body, came into force in January 1954, less than five years after Newfoundland became a province of Canada. Early acts were somewhat nebulous in nature but by successive amendments and revisions were strengthened until today the nursing associations of Canada have secured greater professional recognition and control than in most, if not all, other countries. That professional powers have been broadened by legislative action is surely a tribute to the manner in which the nursing profession has fulfilled its responsibilities.

Original and subsequent nursing acts made provision for the registration of nurses — by examination for those who graduated from "approved" schools within the province or without examination for those registered in other provinces or countries where entrance and training standards were comparable. Admittance to the register is gained by authority of the provincial association in all provinces. In all provinces excepting Ontario, registration and membership in the provincial associations are synonymous. In Ontario, registration is a requirement for membership but registered nurses are not required to be members of the provincial association. In all provinces, provision is made for associate or inactive membership for nurses not practising within the province.

The mechanics of initial registration (including the work connected with the registration examination) and of the annual renewal of registration and membership constitute a major activity in each provincial office. In spite of differences in registration requirements, Canadian nurses are able to move freely from province to province. These differences do create problems and frequently disappointment for nurses from other countries. The movement of foreign nurses to Canada has been greatly accelerated since the end of the second World War. The time required for interviewing, for correspondence to establish professional status, for arranging for supplemental training where needed, the difficulties of appraising language proficiency, of evaluating credentials, or, for refugee nurses, of securing credentials, have created problems for most provincial offices today. The desire to assist these nurses is at times in conflict with the necessity for protecting registration standards. Many foreign nurses, however, are each year granted full status and welcomed into the nursing profession of Canada.

Having gained their first objective — that of securing legislation — the associations devoted their major efforts in attempts to improve the "training schools" or eliminate those which could not or would not provide proper training. This task was attacked with great courage and, in some instances, against concerted opposition on the part of the local community, hospital, and medical authorities. Provincial associations took an active part in the Survey of Nursing[2] directed by Professor George Weir and some years later in the preparation of "A Proposed Curriculum for Schools of Nursing[3]." The findings and recommendations in the survey report and the recommendations of the proposed curriculum gave great impetus to later efforts to improve the educational program in schools of nursing. Provincial associations have provided innumerable educational opportunities for their members in the form of institutes, work conferences, travelling instructor programs and participation in study projects. Nurses have been encouraged and assisted financially in undertaking studies in preparation for positions of greater responsibility or those requiring specialty training.

The organizational period for most of the provincial associations occurred during the years of the first World War yet records show that these young associations undertook projects of war relief and training and made plans for assisting nursing sisters on their return from active service.

In the interim between the two great wars, the national enrolment of nurses for emergency service was established and the outbreak of war in 1939 found more than three thousand nurses enrolled and ready to be called for service. The maintenance of this roll in provincial offices was an important contribution to the war effort. Through provincial committees, funds were raised for the memorial in honor of Canadian nursing sisters, which was unveiled in Ottawa in 1926. During the second war, fund-raising activities centred in the British Nurses' Relief Fund and, later in the C.N.A. War Memorial Fund which gave great assistance to nursing schools in devastated countries. At the present time, provincial associations are actively supporting national and provincial civil defence programs.

In 1919 the national association approved the principle of trained attendants and as early as 1923 some provincial committees were studying the need for and the training of an auxiliary nursing group. From 1941 to 1945 the Ontario association sponsored a six months' course for nursing assistants and subsequently the Quebec association sponsored a similar course. Today "approved" courses are being operated in eight provinces and for most of these the provincial association is officially represented on an advisory committee.

The depression years brought the grave problem of unemployment. Schools of nursing were encouraged to reduce the number of students admitted and hospitals were urged to employ more graduate nurses for bedside duties. Registries were forced to adopt stringent measures to ensure that the limited amount of work available was distributed among as many nurses as possible. Provincial associations were active in promoting these measures. When the reverse situation developed in the early years of the second World War, organized and continuing efforts were made to attract suitable young girls into nursing, to induce married and retired nurses to return to practice and to encourage and assist financially those nurses who wished to prepare themselves for public health, teaching and supervisory positions. Large sums of money were made available to the Canadian Nurses' Association by the Federal Government for these purposes; provincial allocations were administered by the provincial associations.

Stimulated by the shortage of nursing personnel, placement and counselling bureaux were organized by some provincial associations. In others the executive secretaries added placement to their other heterogeneous duties. The provincial placement service in British Columbia has had a full-time director since its inauguration in 1943 and the private duty registries in the two larger cities are an integral part of this service. The Manitoba association maintained a placement bureau, with a full-time director for some years, later with a part-time director; this service as a separate unit was discontinued in 1954. The Alberta bureau was maintained by the association for a number of years; it was subsequently taken over by National Employment Service.

Through private duty sections or committees, provincial associations have maintained close relationships with nursing registries, although with few exceptions, the actual administration is carried by local nursing groups. The Weir report records that at the time of the survey (1929-31), 43 registries were in existence; of the 35 supplying sufficient data for analysis, 21 were controlled by nurses' associations. In 1941, the Ontario association appointed a registry adviser to organize and develop professional nursing registries and to assist its members in private practice. This project has been eminently successful. The Alberta association gives financial assistance to registries, on a per capita basis. British Columbia, as noted above, maintains two registries.

In recent years, provincial committees on employment relations have been active but association interest in salaries and working conditions is recorded as early as 1919, concerning which one association reported: "While an eight-hour day was the goal, it was not until 1930 that the ten-hour day was finally secured." Most provinces now distribute recommended personnel practices to employing institu-

tions and agencies. Several associations have signified their willingness to intervene on behalf of nurses when problems develop regarding conditions of employment. In British Columbia, a comprehensive labor relations program was initiated in 1946 and since that time the provincial association has negotiated annual collective agreements on behalf of the nurses employed by a considerable number of hospitals and public health agencies.

Another comparatively recent development has been the organization of district and chapter associations. These regional and local branches, by frequent meetings and direct contact with nurses in their place of residence, have been effective in stimulating interest in professional affairs and in bringing a large number of nurses into active participation in association work. These local groups, also, have been at times able to achieve closer relationships with other professional and lay groups than has been possible at the provincial level.

The activities generally grouped under the heading of public relations are not new; records of the early years show that provincial associations cooperated with other professional and service groups in promoting health and welfare measures and gained support from other groups in efforts to improve nursing education and practice. Provincial public relations committees are active in promoting measures to keep the public and nurses informed on the objects and work of provincial associations.

Year by year the provincial associations have grown in membership and in breadth of functions and performance. Numerical growth is evidenced by a ten thousand increase in a five-year period; the total membership of the nine provincial associations in 1953 was 36,338 as compared to 26,350 in 1949. Professional growth is evidenced by closer liaison with other professional and community groups in planning measures to improve the quality of nursing care available to the public, and by the increasing readiness on the part of the general membership to participate in all phases of association activities.

The writer has deliberately refrained from mentioning early nursing leaders. Each provincial association, however, cherishes the names of a number of outstanding nurses to whose courage, foresight and tenacity the organization is indebted for a sturdy beginning. The nurses of today owe to these stalwart women the many professional privileges they enjoy, and in acknowledging this debt should declare their willingness to accept the responsibilities that professional status demands of all individuals and groups within a profession. It is the nurses of today who will decide how the accomplishments of the next 50 years will compare with those of the previous half century.

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The best work in the arts and sciences is usually done during the fourth decade of life. Chemists, physicists and biologists, and chess players, tend to reach their top performance in the early 30's. Mathematicians, philosophers and political scientists, on the other hand, make their most important contributions in the late 30's. Peak creativity in art, literature and music usually occurs between the ages of 22 and 44, with specific ranges like 32 to 36 for oil painting, 40 to 44 for novels and 30 to 34 for symphonies.

Leadership, however, is a different story. Leaders in politics, religion and military science, fields where social relations and experience play a heavy role, do not usually attain top performance until after the 50-year mark. (ISPS)

The Evolution of Nursing Education

FRANCES McQUARRIE, B.A.Sc.

IN WRITING of the development of nursing education within our hospital schools in the past 50 years, there is a wealth of material in *The Canadian Nurse* whose Fiftieth Anniversary we are celebrating this month. However, no matter how interesting the history is for its own sake, perhaps more can be gained if consideration is given first to the status of basic nursing education at the present time and then to those episodes and factors which have contributed to this.

With the exception of university schools, the greater number of our basic schools of nursing are financially dependent upon hospitals although, in various ways, additional support is provided by federal-provincial training grants, and in some provinces by provincial grants. Standards of nursing education are maintained by the ten provincial nurses' registration or licensing acts. In addition to these acts, various other regulations have been established by means of, or through authority of, provincial legislation, for the conduct of schools of nursing in the various provinces. Nevertheless, the organized nursing profession is not content merely with meeting these legal requirements and, without exception, we find committees of our provincial nurses' association striving to improve the quality of nursing service by continuously re-assessing and revising their nursing curricula.

FRANCES McQUARRIE

The Registered Nurses' Association of Ontario in 1953 published "Curriculum and Information for Schools of Nursing in Ontario" which might serve to illustrate the current Canadian thinking on curriculum development and its implementation within any school of nursing. Recognizing the student of nursing as an individual with individual capabilities, it advocates the need for the teaching to be student-centred. Rather than providing "Course Outlines" it indicates desirable outcomes and suggests means by which these may be attained. It encourages the development of, in addition to the arts and skills of nursing care, a deep understanding of human behavior, an ability to recognize and solve nursing problems, and a knowledge of the techniques of group membership and leadership.

All hospital schools of nursing offer a three-year course, most admitting classes twice yearly, but striving to reduce this to a single class. Although there is still an insufficient number of adequately prepared instructors, most schools are attempting to offer students a well-rounded program. The tug-of-war between the service needs of the hospital and the education of the students remains a major issue in many cases. But hospital boards and administrators are realizing that only by offering a good quality of nursing education can they provide a good quality of nursing service.

In 1954, the Canadian Nurses' Association provided, in pamphlet form, a statement of its "Policies Regarding Nursing Education." Although only advisory in function, the C.N.A., through this statement, indicates the unanimity of thought in regard to the fundamental principles of nursing education of the ten provincial nurses' associations. Containing six major recommendations, it emphasizes that —

Miss McQuarrie is our national secretary of nursing education.

> The preparation of nurses should be an educational experience and the method by which this can best be achieved is through an independent school which plans and controls the complete experience of the student . . .

Government support of nursing education is an obvious corollary.

Now, looking back 50 years to the decade 1905-15, we find that "training schools for nurses" were becoming fairly numerous but were still under the sole control of the individual hospitals who were a law unto themselves. In the early issues of *The Canadian Nurse* are requests from superintendents of training schools for information regarding what was taught in other schools. In answer to such a plea there appears in September, 1905, an outline, part of which is as follows:

> In our little training school of ten pupils we have an admirable course of lectures, extending over eight months of each year, and on the following subjects: Anatomy and physiology, 12; materia medica and therapeutics, 6; gynecology, 4; obstetrics, 6; and urinary analysis, 4.
>
> With one lecture a week, it is obvious that these cannot be given in one session; so my plan is to have them cover two years. One evening each week is devoted to classwork with the superintendent, where the Public School Anatomy and Physiology, with Hampton's "Nursing" are the text-books. This is also time for talks on ethics, hospital etiquette, and kindred subjects.

There is very little mention of instructors during this period, the "load" of teaching being carried by the superintendent of nurses. However, in *The Canadian Nurse* of January, 1907, an item states that one school had instituted a preliminary period and appointed an instructor for this "important feature of the curriculum, that of teaching the probationer, by demonstration, the simple principles of nursing before she is placed in the hospital ward." Although this was not the first school to have a preliminary course, it was one of the earlier ones.

A report of an address given by Miss Mary Agnes Snively in June, 1909, gives us some idea of the progress of nursing education and the interest that was developing.

> In seventy schools carefully studied, prior to writing this report, ten adhere to the two years' course, three to two and one-half, and the remaining fifty-seven require a three years' hospital service.
>
> Thirty-six schools have regularly systematized courses of instruction, lectures and examinations, and twelve schools have introduced preliminary training. The hours of duty in these hospitals vary from eight to twelve hours, day and night, and only a very small proportion send nurses out for private duty.

In 1916 we find an article written by a doctor who had evidently put a considerable amount of thought into the content of his lectures to student nurses:

> The broad principles underlying disease, its causation, symptoms and treatment should be the main points emphasized.
>
> It is much better to lay well the foundation of principles, leaving much of the detail to ward instruction, than to burden the mind with minutiae which is unnecessary.

This is rather a familiar theme even today when we struggle to have our instructors teach broad principles of nursing, rather than the details of each specialty.

During the next ten years the number of schools of nursing mushroomed, with some of the smaller "schools" providing no regular courses of theory, accepting students without high school entrance, and, in general, being in existence solely for economic purposes. On the other hand, many schools were providing an excellent program to fit their students for the work they would undertake upon graduation. Science and dietetic laboratories were appearing and teaching duties were being delegated to nurses who were allowed to make this their full-time responsibility. However, there was a growing realization that nursing service and education were inadequate to keep pace with the advances in the field of medical science. As can be seen, little real direction was offered in the development of satisfactory programs and the small schools were floundering on their own. Registration Acts were being passed in the provinces but, because of outside pressure, standards for registration were kept very low.

In 1927 the Canadian Nurses' Association and the Canadian Medical Association formed a joint committee to consider the problem. The most logical solution appeared to be that a Canada-wide detailed investigation of the status of nursing should be undertaken, and that a competent person, removed from any prejudice of profession or tradition, should be secured for the purpose. Professor George Weir, head of the Department of Education of the University of British Columbia, agreed to undertake such a survey and did so from November, 1929, to July, 1931. The results were published in a 591-page book in 1932. Professor Weir's recommendations were numerous and varied. It is not possible even to summarize them here for they would take all the available space. However, although, in the light of 1955 standards, the necessity of many of these recommendations would appear to indicate shocking conditions in schools of nursing during the period of the survey, still it is with chagrin that we realize how many have *not* been implemented and remain the questions of our day.

As a result of this Survey of Nursing Education in Canada and its revelations concerning the existing weaknesses in administrative policies and educational programs in schools of nursing, the C.N.A. organized a National Curriculum Committee under the chairmanship of Miss Marion Lindeburgh. It was recognized that although many of the recommendations in the Weir Survey would only be implemented gradually and over an extended period of time, some form of guidance should be given in the transition period which would provide for the attainment of these and the more immediate goals. Work and study were concentrated on the organization of educational programs, with emphasis on the need for sound administrative practices, on the selection of staff and students, and the development of a flexible curriculum which would have as its aim the building of a solid foundation of nursing knowledge for practice in the hospital, the home, and the community. In 1936, the Curriculum Committee presented "A Proposed Curriculum for Schools of Nursing in Canada" (out of print) as a basis for further study. Specific recommendations were made in regard to greater integration of fundamental sciences throughout the nursing course; the need for the study of the normal as a basis for the study of the abnormal, particularly in regard to the nursing of children; more emphasis on mental health and the care of the mentally ill; more and better clinical teaching: a greater understanding of the community; and the need for the student to have a greater opportunity to develop initiative and resourcefulness.

Recognizing that the portion of the Proposed Curriculum dealing with education in the clinical field was inadequate, the Committee presented in 1940 "A Supplement to the Proposed Curriculum for Schools of Nursing in Canada" (out of print) which dealt primarily with this area.

Although it is not possible to ascertain the complete effects of these reports on nursing education in Canada, we do know what some of the outcomes have been:

1. A greater emphasis on the development of the curriculum within the schools of nursing. All schools now have a planned course of study and most have some type of a plan for clinical experience.
2. A greatly increased number of prepared teaching personnel both in the classroom and in the clinical field.
3. More adequate teaching facilities.
4. Better school of nursing records.
5. More emphasis on health facilities for students. This has been hastened by provincial legislation in many provinces.
6. Many schools of nursing with inadequate clinical facilities have been closed. No schools now exist in hospitals of less than 50 beds and the majority are in the 100 to 300-bed capacity group.
7. Increased responsibility of student organizations for their own non-professional activities.
8. *On a provincial level:*
   (a) Establishment of minimum curriculum standards for registration.
   (b) Facilities for guidance to schools of nursing, either by educational advisers or as a function of the registrar of the provincial registered nurses' association.
   (c) Active nursing education committees.

(d) Developing legislation in regard to experience in tuberculosis and psychiatric nursing.

Recommendations from the Survey of Nursing Education in Canada which are still major issues include the following:

P. 300, No. 11 — Hospitals conducting approved training schools should budget separately for the latter. As in the case of the normal school for training student teachers, the net cost of training student nurses should, in the judgment of the survey, be defrayed by the provincial government.

P. 301, No. 19 — The Approved Training School for Nurses should be considered as an educational institution rather than an economic asset to the hospital. From an educational point of view the eight-hour day is sufficiently long. Exploitation of the student nurse under the guise of educational training should be stopped.

P. 196, No. 10 — The amount of theory given to student nurses in the average training school should be revised but not reduced in amount. Properly qualified students are not given too much theory but too little time in which to study theory.

P. 378, No. 11 — Greater attention should be paid, both in curriculum adjustments and teaching methods in the average training school, to the importance of individual differences in abilities and achievements of student nurses.

P. 377, No. 4 — The practice of concentration from approximately 150 to 200 "lectures" in the preliminary or probationary period is pedagogically unsound . . . More immediate correlation between theory and practice in the average training school, through an earlier introduction of clinical instruction on the wards, should ordinarily be adopted . . .

P. 393, No. 4 — In the judgment of the survey, the modern nurse should be given adequate liberal, as well as technical, education.

P. 339, No. 4 — Much greater use of the problem method of teaching should be introduced in Canadian schools.

P. 339, No. 7 — The greater majority of student nurses in Canada should be given longer time for independent reading and investigation. Without this opportunity, sound education is practically impossible. Spoon-feeding by lectures can never be made an adequate substitute for independent study.

P. 196, No. 9 — Student nurses should, in the majority of cases at least, be given more training in the fundamentals of mental hygiene and in mental and neurological nursing.

Although these recommendations have not yet been implemented fully, the average school of nursing is taking steps in the right direction. A budget separate from that of the hospital has been attained in some cases, but much remains to be done in accounting the cost of nursing education. In most cases greater attention is being paid to the individual development of the student, but again, until there are sufficient numbers of adequately prepared instructors, this goal will not be reached in all schools. With the help of legislation in some provinces, experience in psychiatric nursing is increasing, but when it is considered that this recommendation was made 23 years ago, progress has been slow. Lack of experience in this field has resulted in a decreased number of professional nurses being attracted to nursing in mental hospitals and a consequent acute shortage of nursing personnel.

The recommendation in the Weir Report that nursing education should receive financial support from public funds similar to that provided for other forms of education has not yet been implemented. With the partial objective of achieving this aim, another project was entered into by the C.N.A. in 1946, with the financial support of the Canadian Red Cross Society. The project consisted of establishing a school of nursing "in which to try a new form of preparation for bedside nursing." From 1948 to 1952 this school existed through an arrangement with the Metropolitan Hospital in Windsor, Ontario. With the Canadian Red Cross Society undertaking to provide up to $40,000 a year for four years, the C.N.A. took upon itself the responsibility for the administration of a school of nursing which would have as its main objectives:

(a) To establish nursing schools as educational institutions — separate entities in their own rights.

(b) To demonstrate, if possible, that a skilled clinical nurse can be prepared in a period shorter than three years, *once the school is given control of the student's time*. The hope is that a period of two years (or slightly more) would suffice.

Concentrating on these objectives, the Metropolitan School of Nursing received its first students in January, 1948. With Miss Nettie Fidler as its director until 1951, the school continued to function until it had graduated four classes, totalling 87 nurses. It closed on September 15, 1952. During the last year of the demonstration, the Canadian Education Association undertook, upon the request of the C.N.A., a joint evaluation of the demonstration project. Dr. A. R. Lord, a Vancouver educationalist, was appointed Director of Evaluation. A complete "Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario," was published by the C.N.A. in 1952. On page 53 of this report are found the conclusions of the joint committee of the C.A.E. and C.N.A. Although all conclusions were important, several have implications for our present aims in nursing education.

The *average* graduate of the Demonstration School compared with the *average* graduate of the three-year "Control" schools appears to be:

(a) At least as well-prepared for basic bedside nursing,

(b) better prepared for tuberculosis nursing,

(c) better prepared for psychiatric nursing and to use the principles of mental health with all patients.

It was felt, too, that the carefully planned weekly load of classroom and laboratory periods for students which allowed time for learning by assignments and discussion ensured the development of abilities as well as acquisition of knowledge. The amount of carefully planned clinical experience given in the Metropolitan School was felt to be sufficient both in amount and variety as there was *not* a need to provide service to the hospital.

The value of the psychiatric instruction and experience showed that its absence from the curriculum of any school of nursing is regrettable.

In addition to these conclusions regarding the educational program in the school, another was put forth which echoes what had been written in the Weir Report and the Proposed Curriculum.

The conclusion is inescapable. When the school has complete control of students, nurses can be trained at least as satisfactorily in two years as in three, and under better conditions, but the training must be paid for in money instead of in services. Few students can affort substantial fees nor can the hospital pass on such additional costs to the "paying patient." Some new source of revenue is the only solution.

Although the evaluation of the school indicated that the principles demonstrated were all valid, it was unfortunate that circumstances were such that its continuance was impossible. However, several schools of nursing have modified their programs in line with the general principles demonstrated by the school, though without decreasing the time of the student in the school. In most cases this modification has taken the form of the student's time being directed, in the first two years, by the needs of education and in the third year, although still educational in philosophy, to the greater development of the skills of nursing, team-work, ward administration, and the teaching function of the nurse. The financial problems of nursing education have not been solved, but a few steps have been taken.

In Saskatchewan, an experimental centralized lecture program for preclinical students in all but two of the schools of nursing has been largely financed by a charitable foundation with the understanding that other sources of income will be sought should it be considered desirable to continue the program. Under Federal-Provincial grant and financial assistance from another charitable organization. The Toronto Western Hospital is conducting an experimental program. The Alberta Government has an arrangement of grants to schools of nursing on a fixed amount for each student graduating. The preparation of teaching staff has been promoted by professional training grants under Federal-Provincial auspices in all provinces.

As yet, no coordinated program for support of nursing education has been forthcoming. Difficulties which still remain to be overcome are spearheaded by those implications of our constitution in regard to provincial rights in the field of health and education as set down in the British North America Act. The possibility of public support for nursing education must remain a decision of each of our ten provinces.

Considerable space has been used to discuss the financial aspects of nursing education, but it must not be assumed that this is causing a total block in progress. Our more far-sighted hospitals, recognizing that only by the development of sound educational programs can the nursing needs of the patient be met, continue to support the advancement of nursing education.

In discussing the evolution of nursing education during the last 50 years in Canada, one cannot neglect to mention the change that has been taking place in the concept of the function for which the nurse must be educated. In the early days and up to the 1930's she was considered as one who should be prepared to carry out the doctor's orders, care for the bodily needs of the patient, and be responsible for his environment, even if this latter involved many duties which could have been carried out by aides or housemaids. Through the years, more importance was placed on her understanding "the patient as a whole" and recognizing that his hospital experience was only a small part of his total life. It has been advocated for many years, particularly in the Proposed Curriculum, that the mind must be cared for as well as the body. However, the implications of how we can meet these needs are just now being understood and are helping to clarify the function of the professional nurse. In her role as coordinator of patient care, as the professional nurse now finds herself to be, she is in a position to make the chain of interpersonal relationships which surrounds the patient, either valuable or detrimental to his progress.

One of the most significant conflicts in our society during the past decade has been the mounting argument over education. On one hand stand the forces of specialization, firm in their belief that education must be practical training and a preparation of the student to perform specific roles. On the other hand rank the forces advocating education of the all-round person capable of flexible and imaginative performance in a world which is in a state of constant change.

To some extent, this division has affected the field of nursing education, although the distinctions have not been very clear. It is becoming more and more apparent to growing numbers of nurses, however, that nursing education is faced with a form of this dilemma. It is also apparent that some adjustments in the Canadian educational program are necessary.

In a conflict as basic as this, it is necessary to ask very basic questions. One of these is: What are the nursing needs of Canadians? Unless we determine the answer to this question, it is difficult to see how we can develop the type of education which will best prepare nurses to respond to these needs.

Part of the answer to this basic question would seem to favor education of the alert, adaptable, all-round person. For it is indeed true that we live in a changing world. The health needs of our society are constantly changing, as are the medical sciences. We, as professional nurses, must meet the challenge.

A child who seldom or never eats eggs may be in greater danger of rheumatic fever than the child who does. This is the conclusion drawn from a survey conducted by Dr. Allan D. Wallis. He thinks that as eggs are rich in choline, a vitamin-like substance that fights the infection of rheumatic fever, shortage of eggs in the diet may encourage the disease. He backs up his theory by interviewing 184 patients with rheumatic heart disease, and over 1,300 normal people. About 40 percent of the patients ate few eggs in childhood, whereas only one-sixth of the non-sufferers went short of eggs. Over half of the patients who had had three or more acute attacks of rheumatic fever said they had had few eggs as children.

— SIS: *Medical Features*

Basic Degree Course in Nursing

HELEN M. CARPENTER, M.A.

THE UNIVERSITY OF TORONTO School of Nursing was organized as a school in 1933. Prior to this, a teaching department had been developed in order to prepare graduate nurses for the new field of public health nursing. This work commenced in 1920 with initial financial support from the Ontario Red Cross Society. Meanwhile nurses were seeking assistance in securing preparation for supervisory and administrative posts in hospitals, and under the Department of University Extension, one-year certificate courses were arranged.

From the beginning, the staff recognized that the one-year course for the preparation of public health nurses was neither "thorough nor economical."[1] In 1926 a four-year course in public health nursing was planned. "Thus was started the search for control and for educational values, which led seven years later to the establishment of the present school."[2] In 1933 the school was organized with status equivalent to other schools in the university. At this time the school was also accepted as a "training school for nurses" under the Nurses' Registration Act of Ontario. "This meant that the school could give the entire basic preparation for nursing."[3] From 1933 till 1945 a diploma course in nursing was offered which qualified the recipient for general staff practice in both hospital and public health nursing. "Gradually there was opportunity to include more of liberal education (both in content and method) in the student's curriculum: hence the way was paved for establishing a Degree Course in Nursing, and this was done in 1942."[4] At first this degree course was four years in length. In 1946, it was extended to five years, and in 1954 it was reviewed and modified to a four-year arrangement.

HELEN M. CARPENTER

Throughout the development of the work of the school there has been a continuous "search for control and for educational values" which was begun with the establishment of the first diploma course. The nursing profession has been aware of the problems associated with training in schools of nursing under the administrative control of hospitals, and nursing leaders and educators have searched for methods of improving the education of nurses and developing schools with educational controls. The Canadian Nurses' Association became directly associated with the problem when it established the Metropolitan School of Nursing in Windsor in 1948 with the assistance of grants from the Canadian Red Cross Society.

The immediate objectives of the Demonstration were:

> (a) To establish nursing schools as educational institutions, separate entities in their own right.
>
> (b) To demonstrate, if possible, that a skilled clinical nurse can be prepared in a period shorter than three years, once the school is given control of the use of the student's time.[5]

This piece of research helped us to understand more fully the relation of theory to practice in nursing education. It illustrated that a school with full control of the student's time can use that time to better advantage and reduce the amount of repetitive practice. In less than three years such a school can produce a fully qualified and competent nurse.

In 1953 the University of Toronto

Miss Carpenter is on the faculty of the University of Toronto School of Nursing.

School of Nursing moved to a new building where, for the first time, adequate facilities for the teaching of nursing were provided. It seemed opportune to review the basic course in nursing as for some years many had been concerned with the length of the course, the cost to the student, and the resultant relatively small enrolment.

One aspect of the study was the relation of theory to practice, and a comparison was undertaken of this aspect of the course with other professional courses in the university, such as medicine, law, engineering, and social work. From the outset there was an unanimous desire to preserve the content in liberal education developed in the degree course which contributes not only to the enrichment of nursing but also to enriching the student's life.

After considerable study by the staff of the school, the course was rearranged and presented for approval to the Senate of the University, and to the organized profession. It is once more four years in length and "provides a basic professional preparation which includes public health nursing as well as hospital nursing. It prepares students for practice under the Nurses' Registration Act of the Province of Ontario. The course leads to the Degree of Bachelor of Science in Nursing (B.Sc.N.) and includes qualification for general practice in public health nursing."[6]

Study in the humanities is undertaken in each of the four years and includes courses in English, History, Psychology, Philosophy and Anthropology in a sequence similar to other degree courses in the university. Full length university science courses include Chemistry, Zoology and Physiology. Students in the School of Nursing are associated with students enrolled in the arts and science courses in the university. Nursing is introduced in the first year and continued throughout the course, through lectures, demonstration, observation and practice in the hospitals and public health fields. It is felt that the association of the teaching of nursing with teaching in the humanities and sciences enriches the content in nursing; in turn the teaching in nursing illuminates and enriches the content in the humanities and sciences. Study and practice is provided in medical-surgical nursing; obstetrical-pediatric nursing; psychiatric nursing; tuberculosis nursing; and in this course, study and practice in public health nursing is a part of the basic preparation. The staff of the school is responsible for the teaching of nursing and for the arrangement of and instruction during the practice.

As for many students enrolled in professional courses in universities, use is made of the summer months for practice. A vacation of two months is provided at the end of the first year, one month at the end of the second and third years; and the students complete the course in May of the fourth year and graduate with other university students receiving a degree. In the spring of the fourth year the students qualify for registration by writing the Provincial Registration Examinations.

Throughout the period over which this basic work has been developed, consideration has been given to enhancing the educational opportunities of the students and protecting their status as students. In each of the four years of the course, the students enrol in the university and have the same educational and recreational opportunities as other university students. They are fully responsible for meeting the costs of maintenance and tuition, and may live in one of the university's residences if they wish to apply for this accommodation. Although the staff feels that residence life is a valuable educational experience, the school has no residence requirement. Students whose homes are in Toronto may live at home throughout the course; those whose homes are at a distance may live in residence.

We are gratified to report that the enrolment has substantially increased in the past year. The Alumnae Association is doing a fine piece of work in establishing bursaries to assist worthy students who are unable to meet the expense of the course. Other forms of assistance from federal and provincial funds are available and many enrolled in the basic course are receiving bursary aid. One scholarship is awarded annually to the applicant with the highest standing in Grade XIII in Ontario.

As for all degree courses in the University of Toronto, applicants must have Ontario Grade XIII or equivalent standing from another province. Commencing with the 1955-56 session, the university is requiring all applicants for degree courses to have an average of 3rd class honor standing in Grade XIII (i.e., an average of at least 60% in 9 papers) with standing in English, a second language, and either Latin or Mathematics.

Although a major contribution of the University of Toronto School of Nursing is the basic preparation of young people for nursing, the school has maintained its initial interest in the needs of the graduates of hospital schools. The certificate courses have been developed further and include preparation for nursing education, nursing administration, and public health nursing on both the staff and administrative levels. The admission requirement for these courses is grade XII in Ontario or its equivalent, and graduation from an approved school of nursing. A degree course for graduate nurses has been arranged, and offers opportunity for the graduate nurse to continue study in nursing in one of the fields outlined above, and to secure a liberal education in the humanities and sciences. The admission requirement to this degree work is similar to that outlined for the basic degree course; in addition the applicant must be a graduate nurse from an approved school of nursing.

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3. Ibid, p. 9.
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University Courses for Graduate Nurses

RAE CHITTICK, M.A., M.P.H.

UNIVERSITY SCHOOLS OF NURSING offering educational courses to graduate nurses are facing serious problems. These are created by the demands of nursing itself, the requirements of the university, and the fact that most university nursing schools have two types of students — the undergraduate nurse and the graduate nurse — both working towards the baccalaureate degree.

The role of the professional nurse has been changing rapidly in the last few years as has also our conception of what constitutes good nursing care. With the introduction of many subsidiary workers to meet the demands for nursing services, all professional nurses are expected to be leaders, to teach, and to be administrators. Team nursing requires the general duty nurse to become a team leader with some knowledge of administrative planning, qualities of leadership, and the ability to supervise and teach other team members. These same skills are needed in a more complex pattern by head nurses, clinical supervisors, administrators in hospitals, and by all nurses in the public health field. Moreover, nursing is a much more comprehensive undertaking than was envisaged a decade or so ago. Good nursing demands a profound understanding of people and the environment in which they live, for as one social phychiatrist has stated, the pathology in any disease manifestation does not lie within the person, nor in the environment, but some place in between.

In becoming part of a university, schools of nursing must meet the requirements of the institution of which they are a part, not only in entrance requirements and quality of work, but also in the number of academic courses

Miss Chittick is the Director of the School for Graduate Nurses, McGill University, Montreal.

considered essential. Universities may define academic courses differently, but, in general, they are courses selected from the sciences and humanities and are not particularly related to any one professional field. Most Canadian universities require at least fourteen full academic courses for a professional degree, such as Bachelor of Nursing or Bachelor of Commerce, and from eighteen to twenty full academic courses for the B.A. or B.Sc. degree. A full academic course is one which requires three one-hour lectures a week, or the equivalent in laboratory periods, for a full academic year. Professional courses cannot be substituted for academic courses nor should they be.

> The university's central function is the preservation and extension of scholarship; to this end it provides *education* based on the humanities and the pure sciences. In addition the university may properly provide technical or professional *training*. Lest its central function be obscured, it should give such training only where no other agency can do the work so effectively. This may be the case where professional studies necessarily follow or are based upon advance academic studies, or where the practitioner must be something of a scholar if he is to be efficient and trustworthy in his practice.*

The pattern of the basic program in nursing varies considerably from one university to another but all are planned to give adequate professional training for at least first-level positions and in addition meet the academic requirements of the university granting the degree. There are fewer problems when a student enters the basic program and proceeds in a straightforward fashion through the four or five years of the program planned to meet the requirements of the university.

The situation is quite different when the graduate nurse enters the university to earn a baccalaureate degree. She creates a complex problem. Since she is a candidate for the same degree granted those students completing the basic program in the school, she should complete the same requirements. This brings up the question of how much university credit should be given for the three-year hospital program she has completed. This is a baffling problem and nobody knows the answer. Hospital programs vary so much in quality that it is impossible to reach a fair conclusion. Moreover, no one course given in a hospital school of nursing meets the requirements of a university course.

What then should the university give credit for? The universities are not sure themselves. They feel that some credit is due the student and are inclined to lump the three professional years together and give one college year of credit, regardless of the particular school of nursing from which the student has graduated. It is understood, of course, that the candidate is a graduate of an approved school and is a registered nurse. Accreditation of schools of nursing in Canada would help to evaluate the nurse's professional education but since no such scheme exists in this country, the use of standardized tests would be valuable in obtaining evidence of the candidate's preparation.

The granting of credit for the hospital school program creates new problems for immediately the question is raised as to where this credit should be applied. What courses in the basic degree program can be omitted in lieu of this credit? Can it be any of the academic courses — physics, zoology, chemistry, English, history, psychology? The answer is no. Not one of these areas has been covered at a level equal to a university standard. Moreover, most universities require a sequence of courses in a field to allow for continued study, such as in the field of the physical or social sciences.

The next question that comes to mind, then, is what credit can be given for professional courses? This raises another problem in that the graduate nurse entering a university school has come for advanced professional work. Usually she has had considerable experience and wishes to enrol in courses that are on a much higher level than those given to basic students. In short, the graduate nurse is looking for courses that will help her to be a

*From the "Report of the Special Schools Committee," McGill University, 1953.

better teacher, supervisor or administrator in the hospital or public health field. These are courses that should be built on a very sound background of general education, and, moreover, they are time-consuming courses requiring much independent reading, research and field experience. Keeping in mind that because of credit granted for the hospital program and her expectation to complete the requirements for the degree in a much shorter time than the student in the basic program, the graduate nurse must carry an exceedingly heavy load; she must complete the academic courses and in addition show evidence of being able to do advanced professional work.

In Canada, university schools of nursing have tried to get around this dilemma by offering diploma or certificate courses for graduate nurses. Generally speaking, these programs are less demanding in academic courses but give advanced professional work leading to a diploma in a special field — public health nursing, teaching and supervision or administration. Diploma programs hold real dangers for the nursing profession and have been given up long ago by most American universities. It is very unsound to give advanced professional work on a meagre and narrow foundation of general education and these programs are contributing to the restricted outlook we decry in the professional nurse. Such programs do not develop scholarship in nurses, nor expose them to sufficient higher education to arouse intellectual curiosity and gain insight into the richness of man's cultural heritage which is the foundation on which any profession is built. Moreover, diploma programs give a false sense of achievement to the nurse and are misleading to the public. These courses are not recognized by the institutions giving them as of university calibre, and, strictly speaking, candidates for diplomas are not *bona fide* university students since they are not candidates for a degree.

What then is the answer for a graduate nurse seeking post-graduate education?

The answer lies in trying to bridge these three big problems — the demand of society for well-prepared nurses competent to give comprehensive nursing care in any field; the need for the professional nurse to have a cultivated mind which is developed by scholarly pursuits; and the demands of the graduate nurse for advanced professional work to prepare her to fill teaching, supervisory and administrative positions.

The problem is not so impossible as it seems if university schools of nursing could do two things: first, toss out diploma or certificate courses; second, eliminate all specialization at the baccalaureate level, that is, reserve specialization in the various clinical fields and advanced work in administration for those working at the master's level. This would mean that all graduate nurses entering a university school of nursing would be proceeding to the baccalaureate degree in a program of general nursing rich in academic courses, especially the social sciences, and broad enough in its sweep to include public health nursing, psychiatric nursing, the tenets of rehabilitation and the basic principles of teaching and supervision — all of which are essential to comprehensive nursing care in any field and at all levels.

This broad preparation would first of all help nurses to see the patient as a unit of mind and body and as part of his family with the social background of the community to which he belongs; it would help nurses to realize the many facets of nursing — the importance of the patient-nurse relationship, the therapeutic significance of the social structure of the ward, the place of prevention and the scope of health and welfare programs in general. It would develop nurses as people with wisdom, with lively intellectual interests and with a capacity to speculate which is the basis of discovering better ways of doing things.

Accidental falls "on the same level" increase progressively in importance with advance in age throughout adult life, and account for nearly two-fifths of all fatal falls at ages 65-74. Many of the falls on floors in the home are due to objects left lying around, slippery surfaces, worn or unanchored floor coverings, and dark, cluttered passageways.

— *M.L.I. Statistical Bulletin*

Les Ecoles d'Infirmières au Début du Siècle

SUZANNE GIROUX

LE CINQUANTENAIRE de la fondation du premier journal professionnel canadien pour infirmières nous donne l'occasion de faire un retour vers le passé et de voir où en étaient nos écoles d'infirmières dans notre province au début du siècle. Les progrès des hôpitaux et par suite de nos écoles ont été si considérables, depuis cinquante ans, qu'il est bon tout d'abord de bien nous situer dans le temps.

EN 1905

Il y avait 10 ans que Pasteur était mort "comme première conséquence de ses travaux, l'antisepsie sous l'impulsion de Lister, chirurgien de Glasgow, se développa graduellement dans les hôpitaux." Le chirurgien pouvait exercer son art sans crainte, la médecine prit un nouvel essor et les hôpitaux qui jusqu'ici recevaient comme malades, plutôt des pauvres, des étrangers, ouvrirent leurs portes à une classe plus aisée.

Florence Nightingale avait prouvé au monde 49 ans plus tôt que des femmes du monde, intelligentes, instruites dans le soin des malades, pouvaient changer la face des choses.

Québec comptait un hôpital général, l'Hôtel-Dieu, et Montréal en comptait deux, l'Hôtel-Dieu et l'hôpital Notre-Dame, ce dernier récemment fondé. Nos compatriotes de langue anglaise avaient déjà quatre hôpitaux et quatre écoles d'infirmières.

C'est en 1900 que l'hôpital Notre-Dame décida d'ouvrir une école pour les infirmières laïques et l'année suivante, l'Hôtel-Dieu fit de même.

AVANT 1900

Nos malades dans la province de Québec ont toujours reçu de la part des religieuses, dans nos hôpitaux, nos hospices, nos crèches, de bons soins. Les religieuses soignaient les malades "d'après le meilleur de leur connaissance et jugement, sous la direction des médecins de service" et elles ne manquaient ni de dévouement, ni de propreté, qualités qui souvent faisaient défaut ailleurs.

Les religieuses de l'Hôtel-Dieu tant à Québec qu'à Montréal étaient très compétentes dans le soin des malades, elles suivaient un cours régulier. Nous lisons dans l'histoire de la fondation des S.S. de la Providence que Mgr Bourget envoya les premières religieuses de cette communauté en stage à l'Hôtel-Dieu, afin qu'elles soient en mesure de bien soigner les pauvres dans les hospices et à domicile.

Les Soeurs Grises avaient aussi une connaissance pratique du soin des malades. Depuis toujours elles gardaient dans leurs maisons les déshérités de la vie, malades aliénés, enfants portés à la crèche, vieillards. Un certain nombre d'entre elles avaient suivi avant 1900 les cours d'infirmière qui se donnaient déjà aux Etats-Unis.

Les programmes d'études d'alors diffèrent bien de ceux d'aujourd'hui. L'évolution en est intéressante et on peut dire que les pionnières et leurs successeurs ont toujours essayé de donner à l'étudiante infirmière une formation marchant de pair avec la médecine et le développement de la société. Comme preuve de cet avancé, comparons le programme d'étude de l'école d'infirmières du Montreal General fondée 10 ans plus tôt et celui de l'hôpital Notre-Dame.

Programme du Montreal General Hospital en 1890:

Deux leçons sur l'anatomie, appuyer surtout sur les os, les artères, les nerfs et les régions du corps.

Deux leçons sur la matière médicale, poisons et antidotes compris.

Deux leçons de physiologie.

Une leçon sur les pansements, instruments et appareils.

Une leçon sur l'hygiène, ventilation,

Mlle Giroux est la visiteuse officielle des écoles d'infirmières de la Province de Québec.

diététique et désinfectant.

Une leçon sur les bandages.

Une leçon sur les maladies bénignes et leurs traitements.

Deux leçons sur les soins d'urgence en médecine, tel que convulsions, perte de connaissance, dyspné, hémorragie interne et l'usage de la seringue hypodermique.

Deux leçons sur les soins d'urgence en chirurgie, hémorragie, brûlures, accidents et leurs traitements.

Une leçon sur les maladies des yeux et des oreilles.

Une leçon sur les maladies de la gorge et du nez.

Une leçon sur les soins en gynécologie.

Une leçon sur les soins d'urgence chez les enfants.

Une leçon sur les maladies contagieuses.

Une leçon sur les fièvres et sur l'usage du thermomètre.

Deux leçons sur l'obstétrique.

Inutile de dire que la formation de l'infirmière se faisait, dans toutes les écoles, au chevet du malade. Les classes étant peu nombreuses, six ou huit au plus, l'enseignement clinique était individuel.

Le cycle scolaire à Notre-Dame en 1900 était de trois ans et se composait ainsi:

1ère année: 12 leçons d'anatomie et physiologie; 6 leçons d'hygiène; 12 leçons de matière médicale; 6 leçons de bactériologie.

2e année: 10 leçons en petite chirurgie; 8 leçons en gynécologie; 7 leçons en médecine générale; 2 leçons en anatomie de l'oeil, nez et oreille; 1 leçon en hygiène de la peau; 3 leçons sur le soin des enfants.

3e année: 3 leçons sur le soin des enfants; 8 leçons sur le soin des accouchées; 4 leçons sur l'analyse d'urine; 10 leçons sur la cuisine des malades; 6 leçons sur la direction des salles; 3 leçons sur l'étiquette professionnelle.

Les etats de service

Les stages d'après les règlements comprennent l'obstétrique, mais il n'en est pas fait mention au dossier de la première diplômée, son expérience se résume à: médecine, 5 mois; chirurgie, 11 mois; gynécologie, 9 mois; ophtalmologie, 4 mois; salle d'opération, 3 mois; vacances, 7 semaines.

Ce n'est qu'en 1908 que l'on voit inscrit au dossier, maternité, mais dès 1904, les étudiantes faisaient un stage à l'hôpital St. Paul, en diphtérie, c'était une maladie qui faisait à l'époque de nombreuses victimes. Les qualités des diplômées sont évaluées sous les chefs suivants: réserve professionnelle, décorum, propreté, ordre, ponctualité, état de service et examen.

Les départs sont nombreux et pour cause: conduite, mécontentement au sujet du service, maladies, manque d'instruction, etc.

Age

L'âge moyen d'admission de 1900 à 1910 est de 27.8 ans, c'est dire que les jeunes filles avaient déjà acquis une certaine maturité. Vers 1918 à 1920, les candidates ont de 21 à 25 ans, en 1925, rares sont celles qui dépassent 21 ans.

Les diplômées laïques ne dépassèrent 10 que deux fois en 20 ans. Un manuel de 128 pages résume toutes les matières du Nursing, sauf l'étiquette professionnelle, c'est presque l'intégration à 100 pour cent.

Parmi les papiers consultés, nous avons trouvé un trésor, une copie polygraphiée à la gélatine datant de 1914, d'un manuel à l'usage de la directrice de l'école. L'original est certainement beaucoup plus ancien. L'auteur est anonyme, mais c'est d'une personne sage, peut-être une ancienne maîtresse de novice, très cultivée et ayant l'expérience des années. Ce livre se termine par 6 conférences s'adressant aux nouvelles élèves, il est intitulé: "Cours préparatoire", et voici les titres délicieux de ces conférences:

1ère leçon: La garde-malade à l'école.

2e leçon: Ce que l'élève doit d'abord graver dans sa mémoire.

Une fois ces deux cours de déontologie donnés, l'auteur entre dans le vif de son sujet et dans les trois leçons suivantes elle enseigne les soins journaliers.

3e leçon: Les soins journaliers, l'ordre de la salle, la température chez l'adulte et l'enfant, puis bien souligner en rouge la question à poser à chaque malade: *Avez-vous uriné, et combien de fois?* Il n'y a pas de question pour les autres émonctoires, le livre conseille de se consulter entre étudiantes de jour et de nuit.

4e leçon: La leçon continue sur les plaies de lit, les bains, les symptômes

nouveaux, l'administration des médicaments et le balayage des salles.

5e leçon: Surveillance des opérés et soins à donner.

6e leçon: Les pansements, les éléments septiques, antiseptiques et aseptiques.

Les reglements

Les règlements de l'école de 1900 ont évolué plus lentement que le programme d'études puisqu'en 1926 il était encore à peu près le même: les heures de travail étaient de 7.30 a.m. à 7.00 p.m., une demie journée de congé par semaine après 2 heures et même l'heure de récréation conseillée était remplacée par un cours.

Mais, il y avait eu tout de même progrès puisqu'on n'avait plus recours à elles (étudiantes) pour prendre soin des malades dans les familles privées durant la seconde année, tel qu'en 1900. La vie a changé en 50 ans et les prix de même, jugez-en par les comptes de cette époque.

Chambre privée, chambre et pension, par jour	$1.50 à $2.00
Salle d'opération et instruments	$1.00 à $5.00
Anesthésie	$2.00 à $5.00
Un infirmier ou garde-malade spéciale	$1.00
Examen au laboratoire de pathologie	$1.00 à $5.00
Radiographie	$3.00 à $5.00

Conclusion

Les écoles au début du siècle ont-elles répondu aux besoins du temps? Les pionnières de la profession ont-elles réussi à former des femmes fortes, compétentes? Nous pouvons répondre dans l'affirmative. Il y a toujours eu parmi nos rangs des femmes de vision qui ont préparé l'avenir.

Ce retour sur le passé nous a permis de constater avec quels soins, quel amour les fondatrices de nos premières écoles d'infirmières se sont penchées vers leurs élèves. Elles ont donné le meilleur d'elles-mêmes et ont réussi à créer un esprit qui s'est transmis au cours des ans.

L'évolution des écoles ne s'est pas toujours faite au rythme du développement de la société. Il y a eu des retards, des fléchissements, des obstacles, c'est chose inévitable, même normale, mais quel exemple de dynamisme, de zèle, nous donnent les Mères Mailloux, Beaupré, Fafard et Augustine. A leur exemple, ne négligeons rien pour assurer une bonne formation à nos étudiantes, que des institutrices, des hospitalières bien préparées soient en mesure "d'utiliser tous les progrès apportés par la science et par la technique et qu'elles s'intéressent à la vie qui se développe aujourd'hui sur la terre." Ce conseil, s'il est suivi, permettra à toutes les étudiantes de répéter avec une légitime fierté ce que chacune devait se graver dans la mémoire en 1900

"Qui me voit, voit mon école."

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Poudre de talc pour les gants

Depuis déjà 20 ans, on en est venu à la conclusion que la poudre de talc tombant dans la cavité péritonéale cause des réactions dommageables. Des recherches ont été faites pour trouver un substitut inoffensif. L'amidon, traité chimiquement avec d'autres substances, semble la poudre la plus généralement employée.

Des expériences récentes sur les effets de la poudre de talc et celle d'amidon ont confirmé une fois de plus que le talc a un effet nocif sur les tissus, le poudrage des gants au talc est donc dangereux.

La poudre d'amidon est mieux assimilée par les tissus, mais, les mêmes expériences ont prouvé qu'en trop grande quantité elle cause aussi une réaction préjudiciable.

—J. Willand, et al,
American Journal of Nursing, déc. 1954.

Nursing Yesterday and Today

A Challenge for the Future

F. Lillian Campion, M.A.

Yesterday

One catches interesting glimpses of nursing in the early years of the century as one reads the first issues of *The Canadian Nurse*. The problems were similar to those of today and we see trends of today developing. Writes one nurse in September, 1906:

> True sympathy is shown by having a genuine feeling for misery of the mind as well as for pain of body and nurses that get used to nursing and suffering are no use whatever . . . Be thoughtful to the patients' friends, do not think of the trouble they are to you but of the trouble they are in and of the misery and heartaches they are enduring.

Today's recurring phrase, "shortage of nurses," was heard then too. In a letter from Winnipeg, February 1905, we read:

> During the past fall and winter Winnipeg has suffered from a severe epidemic of typhoid and we have not been able to obtain sufficient nurses to attend the calls, so that doctors unfortunately added an "untrained nurses" list to the registry.

In September, 1906, a nurse wrote that:

> The average nurse is not as good as five years ago . . . More nurses are needed every year to fill the increasing demands of hospitals . . . and these hospitals are endeavoring to have their nursing done as cheaply as possible, hence the increase in the number of nurses in training, which results in poor selection of students. Hospital management will not face the situation when it means increased expenditure. The time has come when the greatest part of nursing should be done by experienced, responsible graduates and the smaller part only by nurses in training.

F. Lillian Campion

In the June, 1906, issue, a speech given by C. R. Clarke, M.D., medical superintendent, Toronto Asylum, is reported, which reads in part:

> On many occasions I have been associated with hospital nurses . . . and have been disappointed at finding that in nursing of mental cases, they have not, usually, risen to the occasion with the same success that characterizes their efforts in different directions . . . She has no real knowledge of the true nature insanity and has never realized that it is a disease; she has confounded cause with effect and has regarded symptoms as a disease rather than evidence of disease . . . Perhaps the most important function of the nurse is that of applying what we term psycho-therapeutics, and it is in this department the general hospital nurse is apt to come to grief if she follows rigid methods of routine. She is not dealing with an individual who will submit to inflexible rules with a cheerful obedience . . . but with one who has a point of view that even Alice in Wonderland would have some difficulty in approaching. Tact, patience, the ability to lead and persuade, firmness, in fact all sorts of adroit methods of getting results are necessary. Deception must not be practised and the insane are just as capable of appreciating honest truths as the sane . . . Hydrotherapy measures have supplanted, to a great extent, the use of sedatives and narcotics, and restraint

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Miss Campion is our national secretary of nursing service.

has for years been a thing of the past in a modern hospital for the insane.

There is much mention of nursing of patients with typhoid fever and in one case reported of "Perforation in Typhoid Fever with Recovery" we read that:

> The nursing care included cold packs, cold sponges, continuous mustard poultices to the heart, hot turpentine stupes, strychnine, white of egg per enema, saline interstitially and per rectum . . . careful handling, perfect ventilation and cleanliness, carefully administered nourishment, heart stimulants promptly given and constant application of heat.

Of a nurse working in a hospital for Indians at Selkirk having accommodation for 12 to 14 patients, we read:

> Miss Mitchell has been in charge five years . . . she is nurse in charge, dispenser and compounder of drugs, head cook, chief gardener and general factotum with only one Indian girl as helper in the kitchen.

In 1905 a nurse writing about "District Nursing" says:

> Often we go into homes which, at first sight, look as if the family had just moved in or were in the act of moving out; and where there is not the slightest regard for sanitary laws . . . In such cases the nurse's attention should not be confined solely to her patient, but she should strive to insist on laws of comfort and cleanliness, though her advice in this connection is not always received in the most gracious manner . . . It may seem strange, though nevertheless true, that the nurse is looked upon by many of her patients as almost infallible and is consulted in matters both temporal and spiritual. At such times, she will find many an opportunity to help both soul and body.

In March, 1905, "The Meaning and Benefits of State Registration" was the title of an article and the writer states:

> It is, we think, high time that the nurses of Canada began seriously to consider this most important subject. In nothing that concerns the best interests of our calling would we lag behind our sisters of other lands.

In March, 1906, the "Draft of Proposed Bill for Registration of Nurses and Incorporation of the Ontario Registered Nurses' Association" was printed. However, because the Bill, as amended, contained certain clauses which were unacceptable to the nurses, the Bill was withdrawn.

The establishment of a Central Registry in Toronto at the request of the doctors is discussed in the February, 1905 issue:

> The Central Registry, if supported by 200 nurses, would be able to pay the salary of the registrar and the telephone and, if the members should exceed 200, the proceeds would go into a general fund. Prospects of club rooms where the nurse could spend a social hour rise up pleasantly before us.

Professional responsibility was stressed by Dr. Charles Martin in an address given to the Alumnae Association of the Royal Victoria Hospital, Montreal.

> In entering our profession or yours, we at once involve ourselves in a duty which, though perhaps irksome at times, is none the less imperative, viz., to do what we can, not for ourselves alone, but even more so for our profession.

In her "Notes on Nursing", Florence Nightingale wrote:

> The word nursing . . . has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of diet — all at the least expense of vital power to the patient . . . Bad sanitary, bad architectural and bad administrative arrangements often make it impossible to nurse. But the art of nursing ought to include such arrangements as alone make what I understand by nursing possible . . . The same laws of health or nursing, for they are in reality the same, obtain among the well as the sick.

Despite Miss Nightingale's emphasis on health teaching, on the importance of a healthy environment and on the prevention of disease, nursing in Canada developed along narrower lines. This was due largely to the rapid increase of hospitals and hospital schools of nursing which resulted in an apprenticeship type of training, narrow and technical, designed largely to supply the nursing service for the hospitals.

Consequently, many and sundry tasks, which were not nursing functions, fell to the lot of nurses. Traditionally the nurse stepped in and accepted the responsibility for unmet needs. Today many nurses are loath to relinquish some of these traditional tasks.

Today

Our concept of nursing has broadened and deepened considerably during the past 50 years and will continue to do so in the next 50 years. Many factors have contributed to this changing concept:

The acceleration of medical research in so many areas; the advance in surgical treatment with many new and delicate operations requiring skilled preoperative and post-operative nursing care; the deeper insight into the relation between the mental and physical aspects of illness, demanding a much greater understanding of human behavior on the part of the nurse; early ambulation and increasing emphasis on helping the patient to help himself.

The recognition of the importance of the rehabilitative aspects of treatment and nursing care which requires a changing attitude on the part of the nurse; the changing age population, which means so many more of the older age groups with both mental and physical illness, which necessitates the nurse having an understanding of the aging process and a sympathetic awareness of the problems of the aged; the greater emphasis on the prevention of both mental and physical illness which demands that the nurse understand the principles underlying mental and physical health and that she have a concept of optimum health for all.

The expanding maternal and child welfare programs in which the nurse plays an important part and requires a knowledge of human growth and development; the rapidly developing occupational health programs with industry recognizing the important contribution of the nurse in health counselling, teaching and prevention of accidents; the need for auxiliary nursing personnel in providing adequate nursing service with the professional nurse as team leader and teacher, demanding expert clinical practitioners; the rapidly expanding nursing services requiring able nursing administrators with sound preparation in administrative principles and practice.

On the international level the World Health Organization demands nurses with leadership qualities, able to take their place with other members of the health team in formulating a program for the improvement of health for all nations.

More Nurses Needed

The requirement that nurses accept many new functions in an ever-widening sphere, and the expanding health facilities in hospitals, public health and occupational health fields have resulted in a greatly increased demand for nurses. With limited possibilities of greatly augmenting the number of nurses available, it is obvious that more effective use of the professional nurse must be planned. This necessitates, among other things, an analysis and reallocation of nursing functions, improved personnel policies and more effective administrative procedures.

One study of nursing functions has been conducted in Canada — the "Report of the Study of the Activities and Functions of Head Nurses." This was carried out by the Research Division of the Department of National Health and Welfare at the request of the Canadian Nurses' Association. It is hoped that further studies will be made.

Many and varied types of auxiliary nursing personnel have been utilized in Canada, particularly during the past 10-15 years. The Canadian Nurses' Association has given consideration to this problem. In 1942 the Executive Committee recommended "That immediate steps be taken in each province to effect licensing and control of subsidiary nursing groups." and "That a recognized course for subsidiary nursing be organized in each province under the direction of the Registered Nurses' Associations."

The problem was further discussed at subsequent meetings. The need for more uniform practice in the preparation, licensing and utilization of the auxiliary nursing personnel has been emphasized. The title "nursing assistant" was recommended for those having completed recognized courses.

The three titles in common use are: nursing assistant, nursing aide and practical nurse.

In 1950 Miss Dorothy Percy, chief nursing consultant, Department of National Health and Welfare, prepared the "Report on Nursing Assistant Questionnaires" which showed that there was still a wide variation across Canada with regard to length of course, curriculum content and clinical practice. It again pointed up the need for some degree of standardization and the importance of licensure by provincial authorities.

Special committees were set up to study the preparation and functions of this group. The graduates of the recognized courses are making a valuable contribution to the care of the sick in hospitals and homes and their numbers need to be augmented as the demand still exceeds the supply.

Team Work

With the need to integrate the services of the varied types of nursing personnel in providing improved patient care, the concept of the *nursing team* has developed. However, Finer[2] warns that numbers do not make a team. He states that:

> The concept of the team . . . implies that a collective mind has been made to replace the single mind of a single nurse . . . For a mind to be collective requires coherence of purpose, articulation of action, and continuity of concern . . . the team is unworkable unless an *aware* mind directs it.

The nursing team has great potentialities but its effectiveness in providing improved nursing care and greater job satisfaction will depend upon the preparation of the professional nurse as an expert clinical practitioner and upon her ability to lead and teach; upon the clear definitions of functions and responsibilities of each member; by the recognition and respect of each member of the contribution of the others and upon the adequate preparation of the auxiliary group for their particular functions and responsibilities.

This emphasizes the need for a continuing in-service educational program and to include administrative principles and practices in the basic curriculum of the professional nurse.

Personnel Practices

Another important trend today is the recognition of the need for improved personnel practices for nurses to make them comparable with other professional groups who are competing for the services of the young women. When the Weir Survey[3] was made in 1929-31, though its main purpose was to study nursing education, obviously many of the economic problems relating to nursing were subject to study. At that time it was estimated that 10,000 nurses in Canada were unemployed. Among the many recommendations were:

> The position of the institutional nurse should be made one of the most attractive which the nursing profession can offer. These positions not only should demand high qualifications but should carry salaries more commensurate with their importance.
>
> Salaries comparable to those paid to specialists in high schools should be the rule rather than the exception.
>
> The eight-hour day for institutional nurses should be established.

With trade unions approaching nursing groups, urging them to join, the role of the professional associations in assisting the nurses to obtain satisfactory working conditions and adequate remuneration became urgent. The Canadian Nurses' Association has been concerned with the economic welfare of its members and in 1940 when the problem of trade unions first arose, a committee on Labor Relations was formed. The functions of this committee were:

> 1. To concern itself with methods of collective bargaining.
>
> 2. To concern itself with Dominion and Provincial Labor Departments' regulations that affect or may affect nurses.
>
> 3. To study the relationship, or possible relationship, of nurses with trade unions.

The Canadian Nurses' Association endorsed the principle of collective bargaining as a means of securing improved standards of salaries and conditions of service but agreed that the professional associations should be the

agents. Collective bargaining in its simplest form is a group of employees or their representatives conferring with their employers on matters concerned with conditions of work. The more complicated form involves the certification of a bargaining agent under the provisions of the federal or provincial statutes, as the case may be, which certified bargaining agent can then force the employer to bargain collectively.

In March, 1944, the C.N.A. Executive again discussed affiliation with trade unions and the consensus seemed to be that nurses should avoid affiliation as much as possible. In June, 1946, the Labor Relations Committee presented the following resolution to the Executive Committee:

> *Whereas* there is a trend among nurses today to become affiliated with labor unions whose legal weapon is the strike ballot, and
>
> *Whereas* the universally accepted principle of nursing service is to ensure that there will be no interruption in essential nursing care, be it
>
> RESOLVED that the Canadian Nurses' Association, in convention assembled, go on record as being opposed to any nurse going on strike at any time for any cause.

In 1950 this committee prepared a statement of "Recommended Personnel Policies." At the C.N.A. General Meeting in June, 1952, the Labor Relations Committee's name was changed to the Committee on Employment Relations.

The C.N.A. emphasized the importance of nurses being more generally convinced that their professional organizations are the channels through which they can and should receive help and advice. In this way any appeal made by representatives of trade unions may be diverted.

In a country such as Canada, with such diverse social and economic conditions, it is not surprising that one finds considerable variations in the recommended personnel policies and practices. Nevertheless, considerable improvement has been made. The provincial associations are continually studying the problem and endeavoring to still further improve the economic welfare of nurses.

Present Problems

There are many problems facing nursing today. To establish the number of nurses *needed* in Canada, we must first ascertain the extent and type of health service the Canadian people need and wish, and the part that nurses must take in providing these services. We need to determine the most efficient method of administering nursing services in all health agencies to eliminate obsolete and unnecessary procedures; to prevent overlapping and duplication of services and the better utilization of all nursing personnel. Hospitals and health agencies should be so constructed, organized and administered that the type of service a patient requires can be given in the most efficient and economical way, and yet meet the specific needs of the patient, always with the view to helping him attain and maintain his optimum level of health and usefulness in the community.

We need to explore the possibilities of the extension of home care plans, utilizing the excellent visiting nursing service Canada now enjoys, and the inclusion of nursing service in any prepayment health insurance plans.

Greater effort must be directed toward promoting the normal growth and development of children and toward the prevention of both mental and physical illness. Here, surely, the well-prepared professional nurse can make one of her greatest contributions.

No problem is more urgent and none requires greater attention from the nursing profession than the provision of nursing care for mentally ill patients. Rapid advances are being made in the understanding and treatment of these patients. This branch of nursing demands the skills and understanding of our best nurses.

These are a few of the problems facing us today. Long-term comprehensive planning by all concerned in the provision of health services is, of course, essential, but we must all be willing to seek new ways and improved methods of providing nursing care. We must give those nurses who are able and prepared as much freedom as possible to experiment with new methods. This requires team work. We must all work together, not jealously

guarding the interests of our own group, but always with the ideal of better health for Canadian people.

Nursing owes much to the inspiration, initiative and leadership of many outstanding nurses in the past 50 years. The next 50 years offer an inspiring challenge to the young nurses of today.

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Military and Veteran Care Nursing

AGNES J. MACLEOD, R.R.C., M.A.

Author's note: As an ex-Army nurse, and one who is still engaged in caring for Canada's veterans, I considered it a great honor to be asked to prepare this article for inclusion in this Fiftieth Anniversary issue of *The Canadian Nurse.*

However, since agreeing to undertake this assignment I have come to realize how very much we need an up-to-date history and interpretation of this type of nursing, especially for the period since the beginning of World War II. It is quite impossible to do it justice in a short resumé, nor is it possible to find any detail cleared for publication concerning some of the most interesting developments during this so-called "cold war" period of our history.

It has been proposed to the three permanent force Matrons-in-Chief and to Miss M. G. Russell, R.R.C., that the small sub-committee on nursing which she convenes in her capacity as nursing consultant to the Chairman of the Canadian Forces Medical Council is the logical body to compile the historical detail needed covering the services during and since World War II. They have agreed to consider this undertaking.

In the hope that such information will be available for publication, possibly as a supplement to *The Canadian Nurse,* I have kept my remarks very general. It is impossible to do more than touch upon some of the highlights and developments. Even in this, I am very conscious of my limitations as a writer, and only hope that in some way, the nurses who read this resumé may recall the goodly company of Canadian Nursing Sisters who have "followed the flag" and who, through their professional lives, perseverance and valor, have contributed to our great Canadian nursing heritage.

Remembering them, and on behalf of all Canadian Nursing Sisters who have cared for Canada's troops or veteran patients, may I extend our heartiest congratulations on this memorable occasion of *The Canadian Nurse* journal's Fiftieth Anniversary.

Miss Macleod is Director of Nursing Services, Treatment Services, Department of Veterans Affairs, Ottawa.

19TH CENTURY MILITARY NURSING

The early beginnings of Military Nursing in Canada took place before the turn of the century, although many years after the Crimean and American Civil Wars, and after trained nurses were available in Canada.

The first graduate nurses to care for Canadian troops were stationed at Moose Jaw and Saskatoon in 1885, at the time of the North West Rebellion. Those at Moose Jaw were from Toronto and had been organized by Sister Hannah (Hannah Grier Coombe) of the Anglican Order of St. John the Divine. There were two Sisters and three American trained nurses with Sister Hannah. There were two nurses under Sister Miller, a head nurse at the Winnipeg General, in the group that proceeded to Saskatoon. Sister Hannah before leaving Moose Jaw was awarded the Military Medal which was given to all of the men serving in that campaign.

The annals of the Victorian Order

of Nurses for Canada include records concerning the trip four V.O.N. nurses took to the Yukon, travelling overland under the protection of the Yukon Military Force in 1898. The good spirits and fortitude of these nurses as well as the excellent nursing care they rendered to the troops en route West and in the Yukon District after their arrival caused much comment.

Boer War, 1900-1902

It was because of the excellent service rendered to military men by the graduate nurses on these two earlier expeditions that the government decided to offer a Canadian contingent of nurses to Britain for service in South Africa in 1899. Miss Georgina Fane Pope was in charge of the first group of four to proceed overseas followed later by five more. They were attached to Imperial hospitals and served until the end of the war in 1902.

One of the nurses to join Matron Pope with the second group was Miss Margaret Clotilde Macdonald, a native of Nova Scotia and graduate of New York City Hospital. Upon her return she worked in the Panama Canal Zone with the American forces, rejoining the Canadian Army in 1906. She and Matron Pope were the first two nurses to be appointed to the newly formed Canadian Army Medical Corps. The Nursing Service since that time has been an integral part of the Medical Corps, the nursing sisters in it belonging to the permanent force in the peace-time establishments. Miss Macdonald was sent to England to study the British Army organization and hospital administration. On her return she became matron of the Kingston Military Hospital.

World War I, 1914-18

When war was declared, Miss Macdonald was called to Ottawa to take charge of the first contingent of approximately 100 nurses, and to proceed to England with them. Upon arrival there, she was made Matron-in-Chief. One of the other matrons was Miss Edith Rayside who later returned to Canada as Matron-in-Chief in Canada. Each was given the rank of Major while acting as Matron-in-Chief.

At the outbreak of the war, there were five military hospitals located in Halifax, Quebec, Kingston, Winnipeg and Victoria. By 1918 there were 65 Army Medical Units in Canada, while overseas, there were 35 units — 16 general hospitals, 8 stationary hospitals, 4 casualty clearing stations and 7 special hospitals.

As compared with the nine nurses who had served in the Boer War, there were 1901 Canadian Nursing Sisters with the Army overseas out of the total of 2,003 nurses, plus 27 matrons and a reserve of 203 nurses for the special hospital services, making a total of 2,333. The majority of Canadian nurses went to hospitals in France. Some remained in England, while others went on hospital ships or with the units posted to the Mediterranean.

The greatest single tragedy that befell the Canadian Nursing Service was the loss of the hospital ship Llandovery Castle, when 14 Canadian nurses were fired on and killed by the submarine crew after they had taken to the lifeboats. Fortunately, there were no patients aboard when this ship was torpedoed on June 27, 1918.

Canadian Nursing Sisters were exposed to all the rigors of war and several lost their lives in the bombing of Canadian hospitals. The experiences of the sisters with the Mediterranean Expeditionary Force were very harrowing. The heat, the rain, the pests and resultant infections were hard to bear. The hospital stationed on Lemnos had a particularly difficult time.

In World War I, Canadian nurses were trained in small groups to give anesthetics in the stationary hospitals and casualty clearing stations.

Some 500 nurses received decorations while 328 won awards for service in foreign countries. The War Memorial and the Memorial Plaque in our Parliament Buildings, as well as the Book of Remembrance, pay tribute to those who lost their lives in the Nursing Services.

Many of the nurses, after their return to Canada, took advantage of the post-graduate opportunities offered. Some took public health nursing, others teaching and administration, others went into different fields and, of course, many were married. Many

of those who continued in their profession have made tremendous contributions to the growth of nursing in Canada. Matron-in-Chief Rayside, R.R.C., had Miss Elizabeth L. Smellie with her at N.D.H.Q., in Ottawa at the end of the war. The latter was Chief Superintendent of the Victorian Order of Nurses for many years. Miss Rayside was appointed superintendent of nurses at the Hamilton General Hospital.

The Army was gradually reduced to its peace-time establishment and only a few of the matrons and nurses remained in the permanent force. Among these were Matron-in-Chief Margaret Macdonald and Matron Emma Pense of Kingston. As the Army hospitals returned to their former size, veteran patients were cared for by the hospitals being operated by the Soldiers' Civil Re-establishment (S.C.R.) which had replaced the earlier Military Hospital Commission Command. Many of the returned nursing sisters transferred to these hospitals in the various military districts across Canada.

World War II, 1939-45
R.C.A.M.C.

History repeated itself in 1939 when, with the outbreak of war, Canadian nurses again were eager to serve with the Canadian forces. The Red Cross enrolment had been in effect for many years. Although the Army authorities did not use it to any great extent, it did provide a certain means of identifying nurses. Unlike previous war service, nurses were required to be registered in the province where they were practising.

P/Matron Emma F. Pense, R.R.C., was called to Ottawa. She proceeded overseas in April, 1940, to be Matron-in-Chief and to arrange for the reception of units in England. Two units were quickly mobilized in Toronto and Winnipeg although the matrons and nursing sisters did not go to England until June, 1940. They were followed later that summer by No. 4, C.C.S., and No. 1, Neurological Unit. From then on, one after another of the hospital units were mobilized and despatched to England.

Much the same pattern as had prevailed in World War I was followed. The same unit numbers were used and other than the slight changes in uniform regulations and the ranks of the nurses, the Canadian Nursing Sisters of 1940, were not unlike their predecessors of 1914-18. Changes gradually took place in the King's Regulations as well as in the uniforms for nursing sisters. This time there were dietitians, home sisters, physiotherapists, later occupational therapists and Red Cross welfare officers, attached to the nursing establishment under the regulation of the matron in matters of discipline.

Miss Elizabeth Smellie, R.R.C., C.B.E., LL.D., was seconded to the army to act as Matron-in-Chief, Canada and P/Matron Dorothy MacRae, R.R.C., who had taken No. 1 Canadian General Hospital overseas, was transferred back to Canada as Miss Smillie's assistant at N.D.H.Q., in the summer of 1942. Following Miss Smillie's retirement, Miss MacRae became Matron-in-Chief.

Matron-in-Chief Pense returned to Canada owing to ill health and was succeeded in England by P/Matron Agnes C. Neill, R.R.C., who remained in this post until the end of the war in 1945. Miss Neill later was made Lt. Colonel and upon her return to Canada succeeded Miss MacRae.

Miss Neill, before her retirement from the R.C.A.M.C., was given an honorary LL.D. by the University of Toronto in recognition of her services overseas during World War II. Miss Neill had had as her Assistant at C.M.H.Q. in London, P/Matron Dorothy M. Riches, R.R.C., who, with the rank of Lt. Col., remained overseas until all the Canadian nurses had returned in 1946.

Miss Smellie returned to the Victorian Order of Nurses. Miss MacRae went into school of nursing administration following post-graduate work at McGill University. Miss Neill took her discharge when the work of demobilization was completed and the Army was down to its peacetime permanent force establishment. P/Matron Dorothy Ballantyne, R.R.C., succeeded her as the permanent force Matron-in-Chief with the rank of Major. When Miss Ballantyne retired due to illness she was succeeded by the present Matron-in-Chief Major E.E. Andrews, A.R.R.C.

By the end of the war, there were 34 Army Medical Hospitals overseas, 60 in Canada, and two Canadian hospital ships. Of the total number of 3,649 nurse enlistments, 2,480 had served overseas, 1,169 had served in military hospitals in Canada only. The casualties were small with a total of seven deaths. Two Nursing Sisters, Anna Mae Water, Winnipeg, and Kathleen G. Christie, Toronto, were held as prisoners of war in Hong Kong.

Of the units overseas, No. 5, No. 15, No. 1, No. 14, and No. 3 Canadian General Hospitals as well as No. 4 and No. 5 C.C.S. saw service in the Mediterranean theatre. These with the exception of No. 15 and 14 proceeded into Western Europe. Most of the units which had remained in England during the Italian Campaign also went into that theatre of war. Their experiences were similar in many respects to the World War I Nursing Sisters. However, the superior equipment, modern drugs and blood supplies certainly prevented the terrible complications of the 1914-18 war. The control of malaria and dysentery, the resuscitation procedures, the treatment for exhaustion psychosis, and the field surgical units all provided earlier and better treatment of casualties. Only one unit was torpedoed on the ocean. Fortunately every one was rescued before any one was in the water too long.

The nurses who went to South Africa under P/Matron Gladys Sharpe, R.R.C., wore the same uniform as the R.C.A.M.C. Nursing Sisters with an orange flash on their shoulder. They were given one rank higher than the nurses in the R.C.A.M.C. because of the lesser rank pay in the South African Nursing Service.

Development of the R.C.A.F. and the R.C.N. Nursing Services

The Medical Branch of the Royal Canadian Air Force was established by Order-in-Council in 1940. The five Nursing Sisters who formed the first nursing service group were seconded from the R.C.A.M.C. P/Matron Jessie E. Porteous, A.R.R.C., was in charge of the administration of the R.C.A.F. Nursing Service until October, 1945. She was succeeded by Miss Frances Oakes, A.R.R.C., C.D., who now holds the rank of Squadron Leader.

The Royal Canadian Naval Nursing Service was established in November, 1941. Its primary purpose was to staff three newly organized hospitals. Later the number was increased to ten, of which eight were in Canada, one in Newfoundland and one in Scotland, with a total personnel of 325. The graduate nurses in this service were supplemented by physiotherapists, occupational therapists, dietitians, laboratory technicians and home sisters just as in the R.C.A.M.C. They all wore the Naval Nursing Sisters uniform with slight modifications. The Matron-in-Chief, Miss Marjorie G. Russell, R.R.C., was in charge of this service under the Medical Director General throughout World War II. She had her headquarters in Ottawa, but travelled a great deal, visiting the nursing establishments in Canada and Scotland. She held the rank of Commander at the time of her retirement. Miss Fay Rutledge and her successor, Miss M. Nesbitt who is presently Matron-in-Chief have held the rank of Lt. Commander.

Veteran Care Nursing

During the first World War, Canada set up a Hospital Commission to plan for the return of casualties from overseas, known as the Military Hospital Commission Command. In 1918 this organization was replaced by a department of Soldiers Civil Re-establishment and the nursing sisters returning from overseas were given leave with permission to serve in the S.C.R. hospitals as civilians.

In the years following World War I, the number of hospital beds was gradually reduced although hospitals were established and remained in the various military districts across Canada. In 1928 the S.C.R. was supplanted by the Department of Pensions and National Health which continued to function until 1944 when expansion was again necessary. Two new federal departments were set up then — the Department of Veterans Affairs and the Department of National Health and Welfare.

The nursing services with a Director-in-Charge are an integral part of

the Treatment Services under the direction of a Director General, Treatment Services, who in turn is responsible to the Deputy Minister and Minister of Veterans Affairs. It has been my privilege to serve as director of Nursing Services since July, 1945. Following my appointment there was a rapidly increasing hospital service to be provided for and I was fortunate in persuading so many of the nursing sisters to seek employment in D.V.A. hospitals. Several came to D.V.A. and later requested leave of absence to attend university on their rehabilitation educational credits. Others went directly to university and then joined D.V.A. after completion of nursing administration or teaching and supervision courses. During 1945-46 a great number of matrons and senior nursing appointments were made in the existing hospitals and also in the new hospitals being built for the expanding services. At the peak in July, 1946, there were 17,034 in-patients. At this time the Department was operating 36 treatment institutions across the Dominion. At the present time the number seems to be relatively stable at 8,486 in departmental hospitals and 1,870 in other institutions which provide service on a contract arrangement to the Department of Veterans Affairs. The Departmental institutions now number 24. Of this number, six are hospitals of between 700 and 1,500-bed capacity and six are smaller with between 150 and 550 beds. There are 6 Veterans Homes and 6 so-called Health and Occupation Centres.

At the present time we have only one completely French hospital. This is the Ste. Foy Veterans Hospital in Quebec City. The Montreal District hospitals, although employing an ever-increasing number of French bilingual nurses and other staff, still use English for documentation. In 1948, Mlle Suzanne Giroux, R.R.C., the official visitor to the French Schools of Nursing for the Association of Nurses of the Province of Quebec, accepted a part-time appointment with D.V.A. as French counsellor. She continues to act as technical adviser on Civil Service examinations and has been available to advise on matters concerning French nurses in that province. Her services have been invaluable to the Director of Nursing Services on many occasions.

The nursing services have lost many valuable people during the past ten years, through retirement and resignation. One of our saddest losses was in the death of Miss Agnes Neill who had agreed to act as the Ontario Area nursing consultant with headquarters in Toronto.

It is impossible to mention all those who have been in this nursing service since the end of World War I. Most of the early appointees have now retired, yet we like to remember Miss MacIsaacs of Camp Hill, Miss Dickson of Lancaster, Miss Ross of Toronto, Miss Barton of Winnipeg, and Miss Panton of Vancouver, all of whom made the way easier for the new director in 1945 by their cooperative and friendly attitude. Miss Smellie spent one year as Western Regional Nursing Consultant in Vancouver while Miss Rossiter went to McGill University. The present matrons are all former overseas matrons or nursing sisters with the exception of a few who served in Canada, or were in D.V.A. hospitals rather than in the Services.

Miss M. M. MacLaren acted as Eastern Regional Nursing Consultant before going to London as director of nursing at Westminster. Miss M. G. Russell and Miss C. J. Winter act as assistants to the director on the head office establishment. Miss Evelyn A. Pepper, R.R.C., acted in this capacity before she was appointed as the nursing consultant to the Health Planning Group in Civil Defence.

During the past 10 years there have been three nursing administration conferences held for the hospital directors of nursing. As a result of the most recent one, work shops have been arranged at Sunnybrook to orient D.V.A. matrons and nurses into team nursing procedures. By the end of this year it is hoped all of our hospitals will have adopted this arrangement with their own nursing service personnel. Plans are also under way for further centralization of certain services, notably the housekeeping and messenger services.

This Department, for the period of 1952-55, has had funds from the Civil

Defence vote of the Department of National Health and Welfare for the establishment of three schools for nursing assistants located at Sunnybrook Veterans Hospital, Toronto, Queen Mary Veterans Hospital, Montreal, and Camp Hill Veterans Hospital, Halifax. Although the number of trainees has not reached the maximum planned for, this has been a singularly worthwhile program. The Schools have been accepted locally and the program, under the supervision of Miss Russell, has demonstrated, we believe, the value of more uniformity in this type of training than presently exists across Canada. It also has assisted certain provinces to decide upon the necessity for registration and certification of this type of auxiliary nursing personnel. After April, 1955, this program will be financed by the Department of Veterans Affairs.

SUMMARY

As of December 31, 1954, the Nursing Services of the Department of Veterans Affairs employed the following nursing personnel:

1,568	Registered Nurses
1,808	Nursing Orderlies
53	Certified Nursing Assistants
56	Ward Clerks
3,485	Total Employed

The Nursing Services personnel employed in Departmental Hospitals, receives all the benefits of other civil servants. They have super-annuation, sick time and special leave benefits. However, being so called operational staff, covering a yearly and round the clock service, they have not yet been permitted the five-day week, nor the month's vacation, which many civilian hospitals are providing for their nursing employees.

Completing the Cycle

CHRISTINE LIVINGSTON, B.S.

DURING THE PAST 50 YEARS, the Victorian Order of Nurses and the Canadian Nurses' Association have worked in friendly harmony, each in its own sphere. It has been the happiest of associations. It is with sincere pleasure and a consciousness of the debt our members have at all times owed to those who have edited and contributed to it, that we of the Victorian Order of Nurses extend our warm congratulations and good wishes to *The Canadian Nurse* on the completion of 50 years of publication. As the elder by eight years, the Victorian Order can do this without any suggestion of respect for venerability. We ourselves are as young as our youngest recruit. We are confident that your second half century will be as exciting and enterprising as the first.

What we have both learned is that when something worthwhile is well started it goes on steadily growing, changing perhaps but always getting new inspiration and setting new goals. When the first number of *The Canadian Nurse* appeared the Victorian Order of Nurses was rather limited in its scope. Now, in your Golden Jubilee year, there are 542 Victorian Order nurses working in 116 branches all across Canada. Let me say that our ambition to do even better was never stronger.

What drives us on is that with the growth of our country and the expansion at all levels of interest in and concern for our people's health there never was greater need for nurses and nursing skills. The challenge is exhilarating — even more so than when we began. And we have this for encouragement — that the profession of nursing now enjoys high recognition and status.

In this short article I have been asked to give a review of the years, pointing up the trends and the differences in the present-day program. The great difficulty is to condense it into the prescribed space.

Miss Livingston has been Director-in-Chief of the Victorian Order of Nurses for Canada since January, 1949. She is the eighth nurse to fill this important office with the V.O.N.

The Victorian Order, as nearly all Canadians know, was founded in 1897 by the Countess of Aberdeen when her husband was Governor General of Canada, as a memorial of the Diamond Jubilee of Queen Victoria. It was planned to provide visiting nurses in the then sparsely populated country, where hospitals were few and far apart.

For a time, at the beginning of the century, there was a new departure. The Order began setting up "Cottage" hospitals which was probably a good idea at the time. One of the first to open was in Regina, Saskatchewan. It was only a small house which would accommodate six patients. Other hospitals were established in Fort Macleod, Alberta; Vernon, British Columbia; Fort William, Ontario; Dauphin, Manitoba; Harrington Harbour, Labrador; and in a total of 38 communities.

In the Annual Report for 1906 it was stated that the estimated cost of maintenance of a ten-bed hospital was $2,000 per annum, $1,000 for salaries and wages and $1,000 for household expenses, including drugs and dressings!

The financing of this cottage hospital scheme on any large scale was a difficult problem. In 1907 it was made a condition that in case any hospital decided to sever its connection with the Victorian Order of Nurses, the grant or grants should be returned in full. This condition was loyally fulfilled by the hospitals which had become strong enough to rely fully upon their own resources and who naturally, under these circumstances, preferred to have complete control of their own nursing staff.

It was agreed that the Order would have to be content with being the foster-parent of these institutions with goodwill on the part of both. Some of the better known "foster-children" of the Order are the Regina General Hospital, The McKellar Memorial Hospital, Fort William, the Red Cross Outpost Hospitals in Dauphin and New Liskeard, Ontario, and the Grenfell Mission at Harrington Harbour.

As this hospital experiment had not been entirely successful the Order re-emphasized its original purpose of district or visiting nurses for which it was established.

M. Christine Livingston

Another interesting example of the development and change which became necessary with growth and experience was the institution of training homes for nurses and then, the opening of courses in public health by the universities. As the public health courses were found to be acceptable and adequate the training homes were gradually abandoned and the Victorian Order of Nurses initiated its policy of granting bursaries, a policy that has been much appreciated and extended.

During the years between the wars the tendency everywhere was to send patients to hospital wherever and whenever possible. Since the second world war there has been a decided change of approach, which is covered, for want of a better term, by the word "rehabilitation." This change has been enormously important to the Victorian Order of Nurses. In a way we may be said to have come back into our real province — the care and restoration to health of sick people in their own homes.

Although there are more hospitals than ever before they are usually crowded and the cost of upkeep is heavy. So on practical, economic grounds home nursing, wherever possible, has been found preferable. Then, too, there is this important factor — encouraged by a cheerful, competent nurse and in familiar surroundings the patient is more inclined to make an effort towards recovery.

So, in this curious way, through 50

years the Victorian Order nurse has travelled back to the starting point, with an enormous added equipment of knowledge and experience. As we have already said, the next 50 years promise even greater progress and excitement.

From Toboggan to Aeroplane in Public Health Nursing

ELIZABETH SMITH, B.A.

THIS YEAR, 1955, is a very special year. It is Jubilee Year for the province of Saskatchewan as well as the fiftieth anniversary of *The Canadian Nurse*. Living in a province from the time of its birth until the day when 50 candles will grace its birthday cake has been an interesting experience. This jubilee year is providing a special opportunity for each to look back over a period of 50 years, to recall the bad and the good years, to recall staunch pioneers, who with fortitude and foresight built a new province. Historical events are being recalled, historical sites are being marked and during this year we shall relive the history of a quite young province.

The fiftieth anniversary of our professional *Journal* affords another interesting experience, a milestone at which we may pause to recall many historical events in the development of public health nursing in Canada. Such events and developments cannot be highlighted by historical markers, but they are marked in memory and accomplishment.

ELIZABETH SMITH

It does not seem necessary or desirable at this time to trace, giving details and dates, the history of the development of public health services. This information is available in numerous reports and texts with which nurses are familiar. Let us rather recall only the part which public health nurses have taken as services have developed.

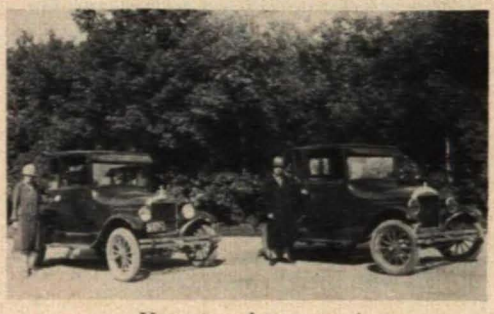
In looking back, we are reminded of those nurses who commenced a community service in the specialized fields, some of which were visiting nursing, tuberculosis and school health. These were earnest nurses with aptitude but with no special training in the field of public health nursing. Many are the interesting experiences which can be recalled by these nurses who were truly pioneers. Conditions varied in

Toboggan-age Service

In her former work as director of public health nursing for the province of Saskatchewan, Miss Smith played no small part in bringing the program there to its present high level of service.

different parts of the country, but many of them could recall travelling on mixed trains, or by horse-drawn vehicles, sleeping in small hotels where there was no central heating and breaking the ice on the water pitcher in the morning. Other reminiscences are of the very interesting people met in faraway places; persons who very often depended upon the nurse alone for assistance in health matters.

By 1920 the number of nurses, who were working in the field of community service, had grown in numbers to the point where it was considered timely and advisable to establish a committee of public health nursing in the Canadian Nurses' Association. The purpose of such a committee was to give leadership in the study and solution of problems, and to help in the preparation of nurses for this particular field. Public health nurses of today owe much to the foresight and able direction given through the years by conveners of this committee.



How proud we were!

In education the statement "education of the whole child" has received some criticism. Surely in public health services there is justification for saying "the health of the whole family." With the recognition of the whole family as a health unit, came the generalized program. This program which included the former specialized services undertook to give a complete preventive service to families in the community.

In order to assure success of the generalized program, agencies and nurses realized that more nurses should have post-graduate training. Universities prepared to give graduate courses in public health nursing at the completion of which the nurse, having qualified in theory and field experience, was granted a certificate in public health nursing. The establishment of university schools of nursing has continued until today nurses, in almost all provinces, may qualify at their own provincial university. In many agencies now the entire staff is comprised of nurses who are certified. Many, in addition, have had university training in administration. Large numbers have a bachelor's degree in nursing. In the not too distant future, it appears a probability that a master's degree in nursing may be available in a Canadian university school of nursing.

With the gradual establishment of health units or regions the public health nurse became one of a team working with the medical officer of health, the engineer of sanitation, the nutritionist, the health educator and the social worker. Her district is smaller, she has available the assistance of experts in the specialized fields mentioned, and she enjoys, in addition, the gratification of seeing a more comprehensive program of health made available to the families of her district.

Advances made in public health services do not come about over night. Several causes contributed to delay over the past 50 years. The years of depression when services were curtailed rather than expanded, two wars when nurses in large numbers were recruited for military service almost called a halt to development. However, as in the life of an individual, so in a country, discouragement often creates the spirit for greater endeavor. It will be recalled that these world events had this effect on the development of health services. There is no doubt, however, that the greatest spark to nation-wide public health programs came in 1946 with the announcement that Federal grants were to be made available to the provinces. What this has meant to public health services and to public health nurses probably cannot be fully appreciated at the present time.

It is interesting to remember the sharp distinction which existed between the nurse who concerned herself with health education in the home and the nurse who cared for the patient who was ill. Progress is made slowly. Perhaps we are almost unaware of the time when we began to realize that the person in the home and the patient in

Ambulance service, 1955

the hospital is one and the same person, that his condition is equally affected by each environment. Recognition of this fact is influencing not only public health services and nurses but the whole field of nursing. Student nurses are now given opportunity to have experience in public health services in their communities and by affiliation have more experience in psychiatric services. Attempts are being made also, with some degree of success, to bring into closer relationship the public health facilities of the community and health services given in hospitals. It will be interesting to watch developments in this sphere.

So we see, in looking back, that public health nursing has grown from a small number of nurses working in specialized fields to a very large group of qualified public health nurses working, for the most part, as part of a team of qualified public health workers. Metaphorically speaking, public health nursing has grown from toboggan days to the aeroplane age. Granted there are, even now, public health nurses working more or less alone in isolated districts. The development of newer areas of the country makes this necessary. However, even these nurses have had special training to prepare them for the work which they are doing, and conditions of living have been made as comfortable as possible. Perhaps 50 years hence, these nurses may be referred to also as pioneers. Perhaps by that time our country and public health services will have developed to the point where there will no longer be a need for pioneers. There must always be new projects and endeavors. It is those who initiate and develop such projects who give the spark to progress and they also may be referred to as pioneers. Public health nurses will always play a part in such progress.

We are not privileged to look too far into the future. How interesting it would be if we could see the picture at the time of the next celebrated anniversary of *The Canadian Nurse!* However, public health nurses of today are taking part in a period of the greatest expansion of public health services ever known. May it be said of them, 50 years hence, that they, too, were nurses with insight and courage.

Men in Nursing

DONALD CARRUTHERS, R.N.

FIFTY YEARS AGO when young men undertook work in hospitals they did not have too much actual nursing to do. They were the "handy men" or "Jack-of-all trades," doing male preoperative preparation, giving enemas, meeting the ambulance, taking the bodies to the morgue, handling laundry, and many other tasks. They had no special qualifications and were given no responsibilities.

During the early thirties and up to the beginning of World War II the status of the male nurse began to change. A training period of two and one-half years was established. On graduation he might be given the position of assistant charge nurse of a ward. Mental hospitals placed male nurses in charge of their male wards with added responsibilities. In several provinces the Registration Act was

Mr. Carruthers is operating room supervisor at the Victoria General Hospital, Halifax, N.S.

amended to permit men to become R.N.'s and to engage in private duty.

More men entered training during the late thirties. In some hospitals, four and five graduated in each class with the same standing as the female nurses. One man led his class and was awarded the Gold Medal for highest marks in final examinations.

With the outbreak of World War II many male nurses answered the call to service by enlisting in the medical branch of the Army, Navy, or Air Force. In the Army they were taken in as orderlies and worked in hospitals and first aid rooms. The men in the Navy were sick bay attendants. They served on the naval sea craft where female nurses could not go and also in naval hospitals ashore. In the Air Force they were hospital assistants and served in hospitals and first aid rooms.

After the war other changes began to take place. The period of training was lengthened to three years with affiliation with other hospitals. With this change reciprocal registration requirements could be met for the provinces of Canada and in the United States. Men began to specialize in various fields of nursing and entered universities for courses leading to degrees in nursing education. They have become classroom instructors, ward supervisors and clinical instructors especially in tuberculosis hospitals and hospitals for the mentally ill. The male nurse began to be accepted in staff positions in operating rooms as scrub nurses, later advancing to assistant supervisors and heads of departments. As the number of men in nursing increased many turned to general duty, private duty, or part-time work to finance themselves through university. They have graduated into such professions as the ministry, medicine, pharmacy, physiotherapy and hospital management, leaving the nursing profession because of its low salary scale.

Today men in nursing have great possibilities before them. There is every chance of advancement to the highest positions in all branches of nursing with the exception of obstetrics and gynecology, which is understandable. The presence of one or two registered and well recommended male nurses is a great asset to any hospital. The field of public health and industrial nursing must not be overlooked as the male nurse has also entered these interesting and progressive fields.

The improved salary scale of today and the forty-hour week have placed the men in nursing in line with comparable positions for professional workers.

Occupational Health Nursing

MARY BURTON

"THE NEUTRALITY of any industrial health centre, whether staffed by a physician and/or nurses, is the core of the strength of its service."

It seems appropriate that occupational health nursing, one of the younger divisions of the nursing family, should be represented in this anniversary issue of our *Journal*. Only recently have we awakened to the fact that we have a story to tell and a contribution to make to the profession and to the general public. In doing the research for an article suitable for this anniversary issue I was amazed at the quantity and quality of the material available. Since industry in Canada is so largely concentrated in Quebec and Ontario, I elected to do my research in companies having headquarters in and around Montreal. Most of them have branches in other towns and provinces.

Two years following the opening in Schenectady, New York, of the first General Electric plant in 1884, a letter was written by the assistant plant manager and it read:

A medicine chest has been placed in

Miss Burton is with the medical services of the Canadian National Railways.

the office of the assistant general manager of the works, the contents of which are for the free use of the employees in case of accident.

Since that time, in one form or another, communications have been going out to employees in a vast array of industries indicating that a "First Aid" or "Red Cross" box has been set up by management for the use of the employees.

From small white boxes containing bandages, iodine, adhesive tape, and safety pins placed in the factory at various points — the key kept by the foreman — the Wire and Cable Company opened its first "Red Cross Room" in July 1908. According to his records, this employee was thoroughly instructed regarding the administration of first aid.

Meantime this company became the Northern Electric Company Limited. In 1918 the company inaugurated its first medical department with a full-time medical officer and headquarters at Shearer Street in Montreal. Formerly, one of several doctors was called in only as required. Medical examination for applicants for employment was introduced, and a year later a fulltime trained nurse was engaged. Previously the nursing service had been provided by the Victorian Order of Nurses. The company now maintains a medical service in all its locations from coast to coast. Five centres in Montreal plus one in Toronto and one in Belleville are staffed by graduate nurses and qualified physicians. At other locations suitable emergency medical or first aid services are provided.

In 1915 the Imperial Tobacco Company of Canada Limited inaugurated its first aid service using a Victorian Order Nurse on a part-time basis. Local doctors were called as necessary. By September 1922 two full-time graduate nurses had been installed, but it was not until 1927 that a medical director was employed. In 1930 the first chest x-ray survey of all employees was done. All their employees are screened by the Anti-Tuberculosis League every two years.

Railroading and industrial medicine seem to have gone hand in hand from the days when Dr. J. G. Chamberlain and Dr. J. Alexander Hutchinson became as interested in the safety of the employees as in the practice of medicine. Colored paint was introduced as a safety indicator: White, meaning traffic; red, fire extinguisher boxes; yellow, hazard; blue, controls, kilns, etc.; green, respirators, stretchers, medicine cabinets, and medical supplies.

Dr. Hutchinson was appointed medical director in 1892 and served in that capacity until 1928. During this period he began giving 2-hour talks on first aid on a voluntary basis to interested employees. The first formal lectures were instituted in 1909. There are now 72 local first aid instructors permanently employed to hold classes at terminals throughout the company. Area supervisors train as many as 2,500 persons per year in the art of first aid.

Men trained in first aid are used in hazardous positions only, within the Company. Office workers acquire this training out of office hours since their services are not required in the company medical set-up.

The C.N.R. is possibly the greatest employer of industrial nurses in Canada. It does not insist on the nurses having a public health certificate, using instead "on the job" training where necessary. This company has a tremendous waiting list of nurses anxious to enter the employ of its medical services.

The nurses are used in a variety of ways in 22 clinics across the country. Nursing services include: nurse-secretary, nurse-x-ray technician, nurse-physiotherapists, etc. They may be working alone or with part- or full-time physicians. The Central Medical Clinic is located in Montreal. There, one nurse does emergency outdoor type duties and the others do the special jobs for which they are trained — E.C.G., x-ray, etc. There are four other clinics one of which has only a part-time nurse. The others, using the services of full-time nurses, vary greatly in their employee contact. These nurses can refer their problems to the main medical department which has seven full-time doctors, plus specialist consultants as necessary, as well as sanitary and laboratory experts.

This is where pre-employment and

periodic examinations for Trans-Canada Airline personnel are done. The doctor at Dorval Airport is C.N.R. medical staff while the nurses are Department of Transport staff. T.C.A. stewardesses are all registered nurses. Summer resort hotels seasonably use another three or four nurses. Canadian National Railways coastal vessels carry medical supplies but do not use nurses or doctors except in port.

Six travelling medical cars, used for periodic examinations, are staffed with doctors only. One Red Cross nurse travels about her duties in Northern Ontario in yet another C.N.R. medically outfitted coach.

On the Federal Government level a senior nurse consultant was appointed to the Occupational Health Division of the Department of Health and Welfare in 1949. On May 1, 1951, the Province of Quebec appointed the first industrial nurse consultant.

The Ontario Department of Industrial Health has two nursing consultants at this time while the Metropolitan Life Insurance Company have a nurse consultant who serves both New York and Ottawa.

Hemophilia occurs only in certain families. Scientists believe that the disease is passed on through generations of the same family by the genes, the sub-microscopic cellular units which determine the inherited characteristics of the individual.

Queen Victoria is known to have harbored the hemophilia gene. She passed it on to ten of her male descendants, and to at least seven of her female descendants. Thus, the disease was transmitted to the royal families of Spain and Russia. Two sons of Alfonso, the last king of Spain, were hemophiliacs. So was Alexis, son of the last Tsar of Russia.

For a long time, it was believed that while females may be 'carriers' of the hemophilia gene, only males show the actual symptoms of the disease. However, recent evidence indicates that, in rare instances, women themselves may be hemophilia victims.

Scientists say there is a tendency for the abnormal gene of hemophilia to disappear in time because most sufferers die at an early age, and those who do marry have, on the average, less than a quarter of the number of children produced by ordinary people. On the other hand, some scientists think tthat formerly harmless genes may change spontaneously to those which carry hemophilia. This explains how hemophilia arises in families with no previous history of the disease, and why the number of victims does not diminish by a quarter in each generation.

Some cases may be so severe that the patient is in constant danger of internal bleeding. External bleeding, perhaps so serious that it cannot be staunched for a very long time, may be caused by a scratch, the pulling of a tooth, or a blow on the nose. On the other hand, some cases improve as the patient gets older. If a hemophilic child can get through the early part of life without serious incident, he has a fair chance of survival.

The hemophiliac cannot lead a normal life. He goes through life continuously facing the possibility of hemorrhage occurring at any hour of the day or night. He has to be unfailingly on the alert to avoid strain, blow, cut, pressure, and even infection. What can be done for him?

Science has not yet found a cure, but it can offer palliative treatment. Transfusions of normal blood and plasma can be given. Occasionally, to stop external bleeding, applications of natural body substances involved in blood clotting have been found useful. An ice pack is commonly employed but relief is only temporary.

One treatment available today is a substance derived from white of egg, known as Taylor's anti-hemophilia globulin. It is a harmless chemical which seems to act by correcting the defect of the hemophiliac's blood, at least temporarily. Recently, a specially prepared human blood plasma product was tried and rated "effective." Tests, in which 19 hemophiliacs took part, were carried out over a period of over three years. The experiment was based on the assumption that the factor missing in the blood of hemophiliacs could be isolated from human blood. The idea was not only to treat bleeding when it did occur, but by continual treatment to prevent it. The substance was given by injecion at intervals of seven to ten days. Thus, it may not be too long before hemophilia remedies that a king would once have given his crown for will be available to rich and poor alike. — SIS: *Medical Features*

Student Nurses

Arhan's Ascent

PAULINE KARPOFF

ARHAN is an eternal nurse. She began her nursing career in a cave. When her family was hurt she bathed their wounds; when sick she found herbs to relieve their pain and aid recovery.

Later, when a village replaced the caves, Arhan aided the witch doctor to cure the sick. Because they thought disease was caused by evil spirits Arhan and the witch doctor dressed in hideous costumes and shrieked and screamed over the patient in a vain attempt to scare the sickness away.

Centuries later Arhan journeyed into the Jordan and there spent some time at a Xenodochia owned by one of her friends. This community was both inn and hospital. Arhan became very interested in the nursing carried on here. She obtained permission to remain and donate her services to the sick. She realized the care given was inadequate despite the fact that she used her knowledge of herbs, witchcraft and appeasing the angry gods as she had been taught. Occasionally Greek sailors told stories of dream cures or cures by bathing. Others told of a man, Hippocrates, who taught that disease had nothing to do with evil spirits. All this was far away and affected Arhan little. She continued with her homemade remedies and magic.

All this time Arhan had been looked down upon because of the career she followed. Now this changed. A man named Christ was teaching equality in the face of discrimination. He taught love while the powerful Roman Empire taught war. But more important to Arhan, He healed the sick thereby making nursing a respected profession.

Miss Karpoff, as a preliminary student at University Hospital School of Nursing, Edmonton, Alberta, wove this fascinating story as her response to an assignment to write "a brief résumé of the history of nursing."

Shortly after Christ's death a Roman matron, Fabiola, converted her palace into a hospital. Arhan began to help Fabiola to nurse the sick. Their care was still home remedies and magic but into it had crept another element taught by Christ — that of loving care. Here in Fabiola's home as she heard about Paula, Marcella and the visiting nurses, Arhan's great dream was born: the dream that someday she would be able to give adequate nursing care; to cure instead of merely comfort — to have a knowledge of the body and medicine instead of having to employ the age-old magic that so seldom worked.

Many years passed. When wars made life dangerous she, along with many others, drifted into one of the monasteries set up by St. Benedict. Here she donned the dress of that era but added a veil and apron to symbolize humility, obedience and service of her nursing career. During her novice and middle terms Arhan learned all she could from the seniors but finished with a hopeless feeling of inadequacy. Nursing had incorporated teachings of Galen and Hippocrates but was still based upon magic and the supernatural. Stories of Hildegarde and Radegunde, monastic nursing matrons of the day, drifted into the Benedictine community and helped to keep Arhan's desire to gain medical knowledge alive.

The next 400 years, while the Crusades raged, Arhan spent in the secluded monastery. Many nurses were needed on the battle fields but only men who could fight part of the time were accepted. Military nursing orders — the Knights of St. John, the Teutonic Knights and the Knights of St. Lazarus — sprang up to fill this need.

With the wars came a swing away from convent nursing and a desire to have nurses who would spend their time in the villages and farming areas. St. Francis and his Little Brothers began

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES,

and

Nursing Assistants or Practical Nurses

required for

Federal Indian Health Services

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(5) Box 292, North Bay, Ontario;
(6) 55 "B" St. Joseph Street, Quebec, P.Q.;
(7) Moose Factory Indian Hospital, Moosonee, Ontario.

or

Chief, Personnel Division,
Department of National Health and Welfare,
Ottawa, Ontario.

this mendicant nursing. Soon a women's division, the Poor Clares, developed. Because she hoped to be of more service and to learn more Arhan joined them.

The Crusaders told many stories of far-away lands. One such country they told about was rumored to be advancing in medicine. Arhan started off to find this vague place they called England.

During her journey she passed through Belgium. There she found a secular group of nurses, the Beguines. As visiting nurses they dedicated themselves to chastity and obedience, adopted a uniform dress and did much to improve the lot of their people. During time of national disaster their duties included collecting and distributing food and clothing.

In England Arhan found nursing still concentrated in monasteries. Hardly had she joined when King Henry VIII destroyed the hospitals connected with the monasteries of the Roman Catholic Church. Nursing Orders were disbanded leaving hospitals unstaffed. When the need for nurses became desperate these hospitals were staffed with the only women who would come — women with no education and little moral character.

For the first time in her life Arhan found herself with nothing to do and nowhere to go. In desperation and despair she too joined the rank and file of the "paid servant nurse." Her dream to obtain medical knowledge was shattered. Before long the ideal was pushed aside completely to be replaced by liquor and the sordid tales of her new friend, Sairey Gamp.

The next period Arhan spent nursing at the side of Sairy Gamp. Then the Crimean War broke out. News of horrible conditions endured by British soldiers drifted back to England. Arhan was shocked out of her stupor long enough to hear that a Florence Nightingale was recruiting nurses to go to the Crimea. Four days later she set sail with Miss Nightingale on a never-to-be-forgotten voyage.

She found that Miss Nightingale had a dream very similar to the one she had cherished for so many centuries and then almost forgotten. She listened in rapt wonder to stories of a school for nurses started by a Pastor Fliedner in Kaiserworth, Germany. Respectable girls went to this school and studied there, rotating through various divisions of nursing work. Their training included kitchen, laundry, and garden duties as well as nursing. To Arhan this sounded too marvelous to be true. But Miss Nightingale wanted to go one step further. She wanted to establish a school where nurses would have every scientific convenience to make efficient nursing care possible. She wanted a hospital where the laundry, cooking, and housework would not be thrust upon overburdened nurses. She wanted a place where scientific principles could thrive and where nursing could gain respect and climb above the level of the paid servant nurse.

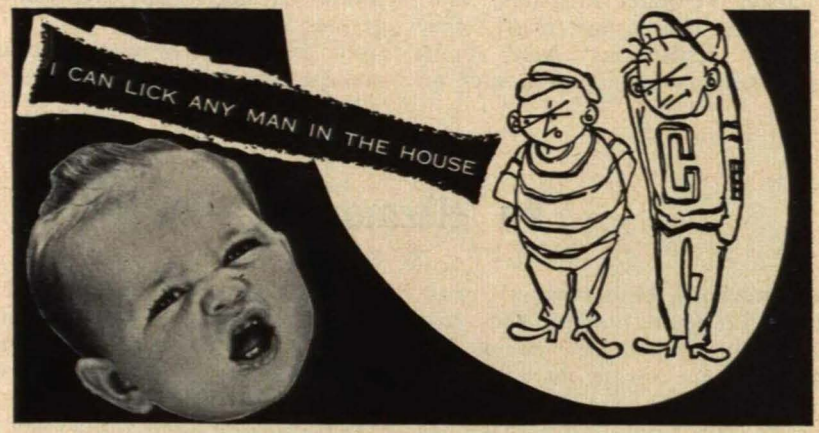
In 1860 Florence Nightingale set up a school in St. Thomas's Hospital, London. Arhan was one of the first graduates. At last she had found the answer to her dream. She had received education in the art of nursing. She had learned of drugs and of scientific methods to relieve suffering. Now she felt that she must pass this knowledge on.

Arhan crossed the ocean to Canada and there in 1874 helped to establish the first Nightingale school at St. Catharines, Ontario. Later she moved westward to work in the prairies' first public hospital at St. Boniface, Man. Here, along with the Grey Nuns and Red River housewives Arhan nursed both settler and Indian back to health.

Moving still westward to Macleod, Arhan was one of the first trained nurses in the northwest where previously the Royal North West Mounted Police had provided the only nursing service available. A few years later she started teaching nursing in the Calgary General Hospital.

Arhan's next move took her to the Vancouver General Hospital where again she passed on to young Canadians her hard-earned knowledge. After seeing a start made on a nurses' residence in Vancouver she decided to return to the prairies.

In 1906 Alberta's University Hospital, then called the Strathcona Hospital, was opened in Edmonton. Arhan successfully devoted her time and energy to establishing a nursing school affil-



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	Dry	Reliquefied*
Milk Fat	12.00%	1.5%
Milk Protein	32.00%	4.0%
Milk Sugar (Lactose)	46.00%	5.7%
Milk Minerals (total)	7.00%	0.9%
Calcium	1.00%	0.13%
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Water	3.00%	87.9%
Calories per oz.	119	15.75

*(1 tbs. to 2 oz. water)

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iated with a university. With this task completed Arhan retired.

These years Arhan spent in Canada saw enormous changes in nursing. The Red Cross was organized. The Victorian Order of Nurses expanded tremendously. Veterans' hospitals, sanatoria, cancer clinics and many other life-saving institutions were built. Nursing schools developed to such an extent that Arhan no longer fears a return to poor nursing standards.

Great strides forward have been taken since Arhan sought to work her magic at the witch-doctor's side. She is hoping for greater improvements in the future. In fact Arhan is expecting the greatest improvements yet to come from the young women who are at present Canada's student nurses.

In Memoriam

May Katherine Armstrong, who graduated from Providence Hospital, Moose Jaw, Sask., in 1921, died suddenly while on duty on December 30, 1954, at the age of 62. A public health nurse in Moose Jaw for many years, Miss Armstrong had joined the staff of a convalescent home in Wolseley, Sask., last September.

* * *

Donna Brennen, who graduated from St. Paul's Hospital, Vancouver, in 1954 was instantly killed in an automobile accident that occurred near Trail, B.C., in November 1954, at the age of 22. She was on the staff of the Trail-Tadanac Hospital.

* * *

Myrtle (Howe) Cooke, who graduated from the Guelph General Hospital in 1915, died at Lloydminster, Sask., in August, 1954.

* * *

Annie Warburton Goodrich, for more than 60 years a leader in nursing, died on December 31, 1954, among her beloved Connecticut hills.

A graduate from New York Hospital in 1892, Miss Goodrich gave vigorous leadership wherever her nursing duties took her — whether in hospital, public health or university school of nursing. After serving as superintendent of nursing from 1893 to 1910 in several hospitals in New York, including Bellevue, Miss Goodrich became inspector of schools of nursing for the New York State Education Department until 1914 and then assistant professor in the School of Nursing at Teachers College until 1923. From 1917 to 1923 she was also director of nursing of the Henry Street Visiting Nurses' Association. During World War I she was granted leave of absence to establish and serve as dean of the Army School of Nursing. The findings of the Committee for the Study of Nursing Education, initiated by the Rockefeller Foundation, led to the establishment of the first graduate school of nursing at Yale University. Miss Goodrich became the first dean there in 1923.

Her worldwide interest in nursing affairs culminated in Miss Goodrich's election as president of the International Council of Nurses in 1910. She steered that youthful organization safely through the troublous years of World War I. Medals and honors of many kinds were showered upon her in recognition of her amazingly versatile abilities in her profession.

* * *

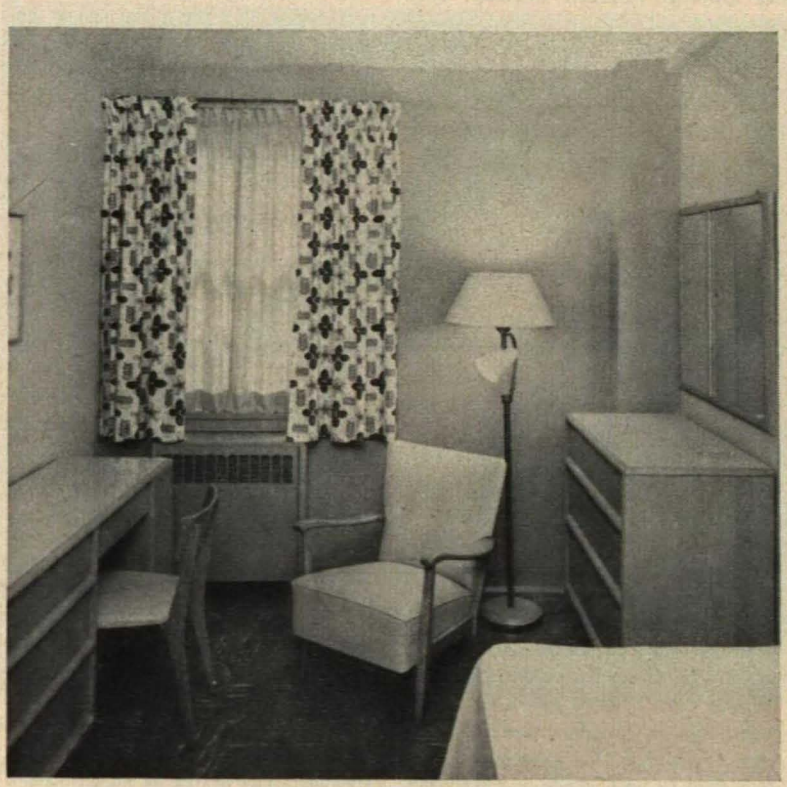
Phyllis Margaret Hall, who graduated from Royal Alexandra Hospital, Edmonton, in 1927, died on January 16, 1954, aged 50 years. Miss Hall became night supervisor at R.A.H. soon after graduation and remained in that post until her enlistment with the R.C.A.M.C. in 1942. She spent most of her service period at the prisoner of war camp in Medicine Hat. In 1946 she joined the staff of the Charles Camsell Hospital, Edmonton, as operating room supervisor.

* * *

Marguerite (Christie) Hammond, who graduated from the Ottawa Civic Hospital in 1937, died at Athens, Ont., on November 21, 1954. After several years in general staff and private nursing, Mrs. Hammond spent two years in China as a medical missionary. She served on the staff of the Ottawa Civic Hospital until her marriage in 1952.

* * *

Bessie S. Hutchinson, formerly with Toronto Department of Health as a supervisor for 25 years, died at Toronto on December 17, 1954. Miss Hutchison was a graduate of St. Luke's Hospital, New York, and received her certificate in public health



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nursing from the University of Toronto School of Nursing.

* * *

Thelma Lucille (Tullis) Jeffery, who graduated from Victoria Hospital, Prince Albert, Sask., in 1939, died at Regina on December 31, 1954, at the age of 38. Mrs. Jeffery had worked at Weyburn and Melville, Sask., prior to her marriage, and more recently in Vancouver.

* * *

Annie Imogene (Srigley) Johnston, who graduated from the Toronto General Hospital in 1910, died on August 20, 1954.

* * *

Mabel Catherine (McNabb) Little, who graduated from Toronto Western Hospital in 1902, died at Alliston, Ont., on December 27, 1954, at the age of 79. She had been in failing health for everal weeks. Following graduation, Mrs. Little was employed for three years, prior to her marriage, as assistant superintendent of nurses at Plummer Memorial Hospital, Sault Ste. Marie, Ont.

* * *

Edith Effie Lumsden, A.R.R.C., who graduated from the Winnipeg General Hospital in 1900, died on December 23, 1954. During World War I, Miss Lumsden served overseas with No. 5 Canadian General Hospital. After receiving her discharge she joined the staff of the Soldier Civil Re-establishment in Vancouver as medical social worker. Later she became an investigator with the Department of Pensions and National Health. She retired some years ago.

* * *

Mary Ethel Morrison, A.R.R.C., who graduated from the Vancouver General Hospital in 1906, died at Victoria on December 24, 1954. Miss Morrison went overseas in 1915 and served in Greece, France tand England. She became school nurse at Esquimalt, B.C., after the war, holding that position for 25 years. She retired in 1945.

* * *

Barbara (White) Page, who graduated from the Montreal General Hospital in 1930, died at Port-of-Spain, Trinidad, on January 3, 1955.

* * *

Emma E. Roberts, a graduate of the General Hospital, St. Catharines, Ont., died at Port Huron, Mich., on January 12, 1955. A former superintendent of Port Huron Hospital, Miss Roberts became director of the Toledo (Ohio) District Nurse Association in 1916. In 1942 the University of Toledo awarded her an honorary degree in recognition of "the diligence of her leadership" in promoting the status of nursing as well as doing all in her power to improve health conditions for the community she served. A memorial fund has been established by the T.D.N.A. to carry on activities in which Miss Roberts was so keenly interested.

* * *

Ann Elizabeth (McNaughton) Ruddy, who graduated from Toronto General Hospital in 1924, died at Whitby, Ont., on September 15, 1955.

* * *

Jane Sexton, who graduated from Royal Victoria Hospital, Montreal, in 1899, died there on December 31, 1954. Msis Sexton had engaged in private nursing for a great many years.

* * *

Hilda (Cope) Sullivan, who graduated from the Protestant General Hospital, Ottawa, in 1899, died in October, 1954, after a long illness. She was 78 years of age. Early in her nursing career, Mrs. Sullivan joined the staff of the Victorian Order of Nurses and served with them intermittently through the years. During World War II she was very active in public health nursing in Surrey, B.C., where she had made her home in 1935. She was able to render valuable first aid to injured passengers when a train on which she was travelling was wrecked near Jasper, Alta. Mrs. Sullivan retired from active life two years ago.

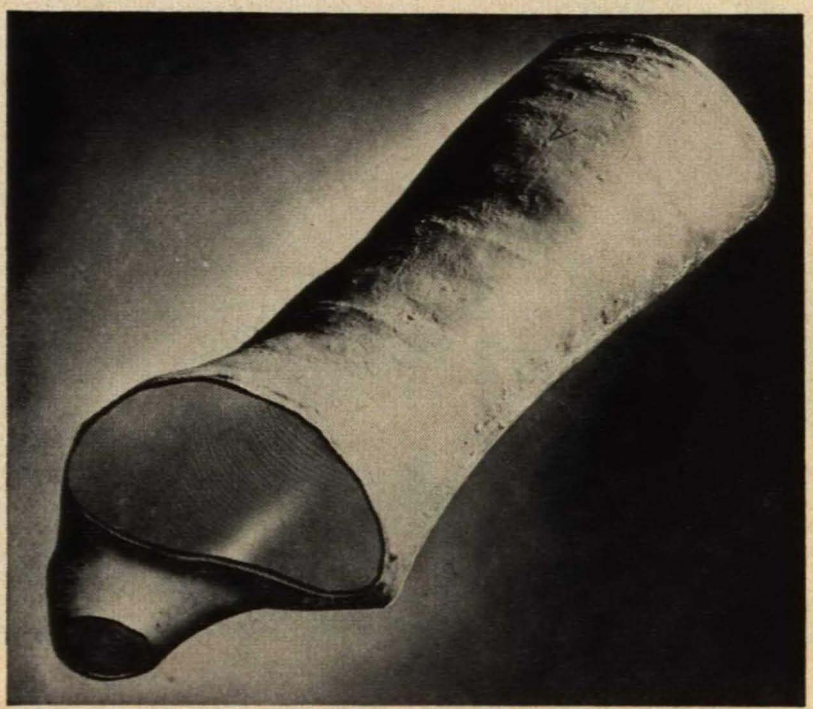
* * *

Elleda Walsh, a graduate from Nicholls Hospital, Peterborough, Ont., died on December 15, 1954, after a lengthy illness. Service overseas in World War I was followed by many years in active duty in executive positions in Ontario hospitals in Peterborough, Renfrew and Sault Ste. Marie.

* * *

Jessie M. Woodbury who trained at the Boston City Hospital, died at Bridgewwater, N.S., on January 1, 1955, at the age of 74. She spent two years with the Grenfell Mission in Labrador and Newfoundland before becoming superintendent of Soldiers' Memorial Hospital, Inverness, N.S., in 1929. She retired six years ago.

Education is not given for the purpose of earning a living; it's learning what to do with a living after you've earned it.
— ABRAHAM LINCOLN



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In the Good Old Days

(*The Canadian Nurse* — March 1915)

"The hospital social worker is the connecting link between the hospital and the home. She is an educational force and, being cognizant of the early symptoms of disease, can diffuse this knowledge in the proper quarters."

* * *

"It is nine years since the Margaret Scott Nursing Mission was founded in Winnipeg to perpetuate the work carried on for years by Mrs. Scott with one trained nurse to assist her. Last year the staff paid nearly 30 thousand visits to the sick poor."

* * *

"The nurses of the Brandon General Hospital were the hostesses at a large reception on the occasion of the opening of the nurses' new home. During the afternoon about 100 guests were shown over this splendid building. In the evening the band of the 99th played for dancing. The building cost $15,000."

* * *

"The Sisters of St. Michael's Hospital, Toronto ,are still busy with their grey knitting. Since the beginning of the war every spare minute has been spent making comforts for our soldiers."

* * *

Lack of freedom from home responsibilities during confinement accounts for the large number of bottle-fed babies. I have seen the mother sitting up in bed peeling potatoes the day after delivery because she had no helper. How can her milk supply be maintained under these conditions?"

The raw stuff of all progress is people. No matter how well organized or how technically sophisticated we become, the fact is that progress originates in creative thought, a purely personal attribute — just as characteristic of the worker on the machine as it is of the scientist in the laboratory, or the writer in his study.

The great advances in science and in thought have come about through the efforts of people — people who perhaps struggled against the restrictions of environment, and who had the vigor, imagination, and initiative to question traditional patterns of thought. We have progress only when some individual, . distrustful and impatient with existing concepts, blazes a new trail into the unknown, or has a dream and the individual initiative to make it come alive so that others may see.

—Crawford H. Greenewalt

Abdominal incision is representative of the many uses for TELFA Strips—in major and minor surgery, as well as in emergency rooms and on floors.

NEW TELFA *DRESSING* keeps wounds dry without sticking!

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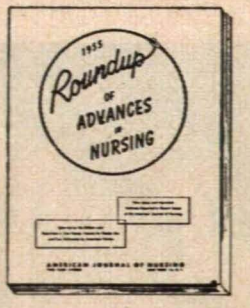

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Institute: Geriatrics in Nursing

AN INSTITUTE OF ANNUAL interest to public health nurses in Manitoba was conducted by the School of Nursing Education, University of Manitoba, December 28 to 30, 1954. This institute is planned jointly with the nurses of the Manitoba Department of Health, the Winnipeg Health Department, and the Victorian Order of Nurses. One hundred and fifty-three nurses from these three health services and others who are in related nursing services were registered for the course. It was sponsored by the Manitoba Department of Health and was conducted through the Department of Extension and Adult Education of the University of Manitoba.

The institute was opened by Dr. H. H. Saunderson, president of the University. Greetings were brought by Dr. M. R. Elliott, Deputy Minister of Health, from his department and by Miss M. E. Wilson, president of the Manitoba Association of Registered Nurses, from the association. Professor A.S.R. Tweedie, director of Extension and Adult Education, welcomed the members on behalf of his department. Miss M. E. Hart, director of nursing education, was chairman of the meetings. Miss D. Dick presented a film "Retire to Life," outlined preparatory reading lists for the institute and prepared outlines for the direction of group leaders and recorders.

The program centred upon nursing care of the aging based on new developments in health services for the senior members of the population of Manitoba and the new responsibilities which public health nurses will have in the implementation of such services.

The purpose of the institute was to lay a general foundation for further study of the nursing needs of the aging and the ways in which nurses might improve and increase their service to this group. The program was

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divided between presentations by special speakers and group discussions among the participants in the institute, based upon individual preparation, experience, and application of ideas arising out of the program.

The legislation regulating the facilities for care of the aged and infirm in institutions and boarding homes was reviewed and interpreted by Dr. C. R. Donovan, director of health, and Mr. W. Fraser, city solicitor for Winnipeg.

In a symposium on Nursing Care of the Aging, the essentials of good nursing care of the aged in hospital, in nursing homes and in their own homes were presented. Captain C. McGregor, Mrs. M. L. Robinson, Miss M. McLeod, and Miss E. McKerlie participated in this symposium.

Mr. Walter Boyd reported on the work of the Provincial Committee on Rehabilitation of the Disabled and on the program envisioned in Canada for rehabilitation. Rev. F. J. Douglas spoke on responsibility to meet the particular needs of the aging and described the development of service to the aged in the district around St. Andrews Church. His topic was "Community Responsibility for Senior Citizens." Mr. Eric Thrift, director of the Metropolitan Planning Commission of Greater Winnipeg, presented ideas for modification of homes and institutions for the safety and comfort of the aged.

Dr. G. Johnson of Gimli discussed the special medical needs of the aging. Mrs. E. Feniak, assistant professor in Home Economics, University of Manitoba, spoke on the nutritional needs of the aged. Reports were received from Committees on Health Needs of the Aging of the Welfare Council of Greater Winnipeg. These were presented by Misses J. Williamson and F. Lyon.

The public health nurses appreciate this opportunity to meet together to discuss matters of mutual interest and to become better acquainted with each other. They go back to their individual communities with renewed enthusiasm, new ideas, and the knowledge of their own special contribution to the general development of their group.

Education makes people easy to lead, but difficult to drive; easy to govern, but impossible to enslave.

— Lord Brougham

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News Notes

ALBERTA

DISTRICT 2

PONOKA

The following are the officers elected for the district: President, Mrs. J. Crowhurst; vice-president, Mrs. E. Coombs; secretary-treasurer, M. Sundberg. Others serving are: A. Laplante, E. Kemp, I. Morrell, P. McMillan, Mmes N. Kinnear, K. Clapp. V. Evans is the representative to *The Canadian Nurse.*

DISTRICT 3

CALGARY

E. Shaw, president, conducted the January meeting of the district when 83 members were present. Plans for the annual meeting to be held April 26, 27, and 28 at the Palliser Hotel were discussed. Miss Bibby and Mrs. Mellan volunteered to help F. Moore on the program committee. Calgary members of the Royal Alexandra Alumnae Association were guests and agreed to help with the sale of tickets for the bursary tea.

HIGH RIVER

The organizational meeting of the chapter was held at the nurses' home of Municipal Hospital in December. Mrs. Clara Van Dusen, provincial registrar, spoke on the history of the A.A.R.N. and helped with the organizing. Forty nurses were present. Any nurse in the district served by the hospital is eligible to join. Officers are as follows: Chairman, Mrs. N. Goodwin; vice-chairman, Mrs. R. Eaton; secretary, J. Hagg; treasurer, J. Squire.

Thirty-five nurses attended the January meeting. A film, "Intravenous Therapy," was shown.

OLDS

Ten members were present at the January meeting of the chapter. Officers for the year are: President, R. Nesbitt; vice-president, Mrs. L. Eaton; secretary-treasurer, Mrs. N. Herbig. Three interesting films were shown at the close of business and a social hour followed.

VULCAN

It was noted from the annual report of the chapter that there was an average attendance of 11 members at the 10 regular meetings during the year. Of the total paid-up membership of 21, three have moved away. Excellent programs of films, speakers and demonstrations were provided. Members assisted with the blood donor clinic and funds were raised by a garden party. Birthday parcels were sent to nurses in training. Ten members were present at the January meeting when the following were elected to office: President, Mrs. R. Jamieson; vice-president, Mrs. A. Northcott; secretary-treasurer, Mrs. A. Walker. Frances Ferguson was guest speaker and her talk on recruitment for the field of nursing proved interesting.

DISTRICT 4

MEDICINE HAT

Twenty-eight members attended the district annual meeting. Officers were elected as follows: President, Mrs. C. McKay; vice-presidents, Mmes A. Renner, R. Wall; treasurer, Mrs. E. Richard; secretary, F. Ireland; and in other capacities, L. Greene, Mmes A. Kent, Finlay, C. Keating, and Perry. There were 76 active members last year. Mrs. McKay is the chapter representative to the Golden Jubilee Committee.

DISTRICT 7

EDMONTON

E. Taylor, chairman, presided at a recent meeting of the district when 10 members were present. The secretary read a report

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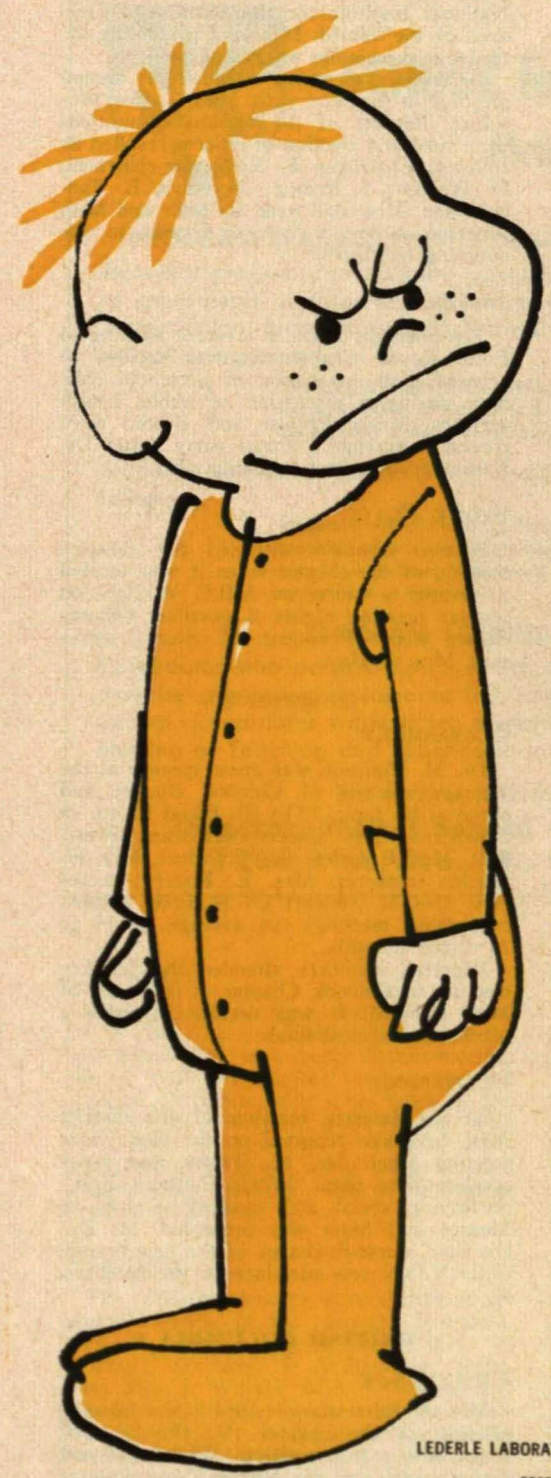

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from the Local Council of Women, emphasizing requests for aid to the S.P.C.A., National Institute for the Blind, and Children of the World. Means of promoting attendance at meetings were discussed.

Twenty-six members attended the annual meeting in January with Miss Taylor presiding. Reports of the various committees were read and election of officers resulted as follows: Chairman, R. Ball; vice-chairmen, D. Watson; I. Reesor; secretary, B. Farquharson. Miss Ball took the chair and Miss Emerson moved a vote of thanks to the outgoing executive.

Jasper

Ten members attended a recent meeting of Edith Cavell Chapter. It was decided to proceed with inoculation of preschool children during a discussion of public health services. Mmes Prowse and Brodie were chosen to arrange a dinner party. Later Dr. Betkowski gave an interesting talk.

Stony Plain

Sixteen members attended the January meeting of the chapter when it was decided to arrange a course on A.B.C. Warfare on regular meeting nights if possible. Officers elected were: President, M. Story; secretary, Mrs. A. Hay.

District 8

Claresholm

Dr. M. Hodgson was guest speaker at the January meeting of Chinook chapter and chose as his topic, "The Rh Blood Factor in Newborns." New officers elected are: President, Mrs. B. Gray; vice-president, Mrs. H. Steele; treasurer, Mrs. E. Rogers; secretary, Mrs. M. Stewart. Of 39 nurses notified concerning meetings, an average of 15 to 20 attend monthly.

Fourteen members attended the January meeting of Chinook Chapter at the home of Mrs. Hilliard. It was decided to raffle a blanket to augment funds.

Lethbridge

At the January meeting of the district Mrs. L. Reive reported on the Red Cross meeting when Dr. M. Tuttle was guest speaker. The film, "World Without End," portraying social and medical services in Mexico and Siam was presented. M. DeGiacomo, nurse-in-charge of the new branch of the V.O.N. was introduced to the members.

BRITISH COLUMBIA

Chilliwack

Mrs. A. Edmeston presided at the January meeting of the chapter. V. Day showed slides of her trip north to Whitehorse and various parts of the Yukon. Miss Day is resuming her work on the staff of General Hospital. L. Lockhart, Mmes C. Law, J. Chabot agreed to act on the nominating committee.

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Ladysmith

Twenty-three members and friends heard Dr. P. W. Arkle of Central Vancouver Island dental clinic at a recent district meeting talk on tooth development, the care and diet required. Fifty fine color slides taken by Dr. Arkle in the sub-Arctic while on staff with the faculty of dentistry of Toronto illustrated faults produced while many showed phenomenally beautiful teeth of the remote Crees and Eskimos.

Nanaimo

The following officers were elected at the annual meeting of the chapter: President, Mrs. M. Bilton; vice-president, Mrs. V. Murray; secretary, E. Williamson; treasurer, Mrs. I. Walker. Mrs. J. Best is past president and civil defence convener while Mrs. B. Bennett is representative to the press and *The Canadian Nurse*. The donation of some china for the new health centre was acknowledged and members were asked to hold a shower to further the supply. Arrangements for the Valentine dance and annual district meeting were completed.

Penticton

Mrs. R. Hotson, vice-president, conducted the first meeting of the chapter this year. Mr. G. Halcrow as guest speaker spoke on "The Importance of Wills" followed by a film entitled, "Oh, by Jupiter!" Plans were made for the Valentine cabaret dance and the dates set for the annual provincial meeting — May 26-28.

Trail

A. Baker, president, chaired the January meeting of the chapter. Mrs. Wilson conveyed the thanks of Rossland Chapter and Miss Eidt proposed a vote of thanks to the Sunningdale nurses for the Christmas party. Plans to purchase books for the nurses' library at the hospital were discussed and suggestions regarding a rummage sale, card party and the annual dinner meeting were made. Miss Eidt drew attention to the address of the Hon. Paul Martin in the October issue of *The Canadian Nurse*.

Officers for 1955 are: President, Mrs. L. Ross; vice-presidents, A. Cummings, L. Robinson; recording secrtary and represen-

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tative to *The Canadian Nurse*, Mrs. J. Morrison; corresponding secretary, J. Loughery; treasurer, Mrs. M. Keith; and in various capacities, V. Eidt, H. Whittington, M. Rivett, Mmes D. Miller, K. Armitt, D. Berry Garland.

VANCOUVER

St. Paul's Hospital

Donations received at the Christmas party of the alumnae association, convened by Mmes B. Bell and J. Peel, provided gifts for 35 older people and many needy children. Eight hampers were distributed. The Christmas bazaar was a great success, the proceeds adding $654 to the funds. Members of the graduating class were guests at the Award dinner under the convenership of Mrs. Delesalle. J. Scribner and E. Olsen were chosen by their classmates to receive the awards.

MANITOBA

BRANDON

At a general meeting of the Registered Nurses in the Western District in November, District No. 2 became a reality. The following are the officers elected: President, Mrs. Marion Hannah, Brandon; vice-presidents, M. MacPherson, Virden, Mrs. J. Fargey, Brandon; secretary, M. Dunn, Hamiota, Man.

WINNIPEG

Grace Hospital

Activities of the alumnae association included: A Christmas hamper to a needy family and a coffee party held at the Hudson Bay Co. Officers for 1955 are: President, Mrs. N. Hodgkins, past president, Mrs. R. Diehl; secretary, Mrs. H. Percy; treasurer, O. Mathews; and in other capacities, Mmes J. Brand, K. Runner, B. Orton, and Capt. G. McGregor.

NEW BRUNSWICK

MONCTON

Mrs. Nash Smith, president, conducted a recent meeting of the chapter and gave a report on the provincial executive meeting. I. Lane, school of nursing adviser for the province, and senior student nurses were guests. Mrs. E. L. Saunders who attended a seminar at the United Nations was guest speaker. In her account of its activities, Mrs. Saunders made special mention of the fountain built of black stones from Greece that was donated by the school children of New York.

Nurses' Hospital Aid

The president, Mrs. J. Innes, chaired the December meeting of the Aid when a life membership was presented to Alena MacMaster, former superintendent of Moncton Hospital, by Mrs. M. Perry. Mrs. S. Sinclair won the mystery box and Mrs. K. Carroll reported on the sale of bookmarks. An exchange of gifts and the singing of

Christmas carols followed by refreshments concluded the evening. In January, Mrs. Innes conducted the business meeting and a minute's silence was observed in memory of Mrs. K. Lamb. The annual meeting followed and officers elected are: Honorary life member, Miss MacMaster; honorary president, K. Richardson; past president, Mrs. Innes; president, Mrs. G. Shaw; vice-presidents, Mmes K. Mayhew, W. Buxton; secretaries, Mmes C. Colwell, W. McCully; treasurer, Mrs. S. Dunham. Others serving are: Mmes A. Ferguson, P. Young, K. Carroll, K. Fraser, J. Hutes. Funds were raised during the year by a drawing and various sales. Donations included: The annual dinner for the members of the graduation class; sewing and washing machines for the nurses' home. Christmas gifts to ward patients, and season skating tickets to student nurses.

Newcastle

The January meeting of Miramichi Chapter was well attended. After the usual reports were heard, Miss Lynds and Sr. McKenzie gave accounts of the last executive meeting of the N.B.A.R.N. Many helpful suggestions were made with regard to increasing interest in meetings. It was reported that Dr. Rolla Wilson would be guest speaker at the next meeting.

Saint John

L. Peters was re-elected president of the chapter at the recent annual meeting and named to represent the chapter at the annual dinner of the Local Council of Women with F. Coleman as delegate. W. Hoosier was made a member of the Child Welfare section of the Community Welfare Council. All the usual reports were given and an increase in membership with a good attendance at meetings was noted. Several interesting addresses were heard during the year. Funds obtained from the annual Easter dance were used to finance the nurses' registry. Other officers elected were: past president, F. Saunders; vice-presidents, Miss Hoosier, H. McCullum; treasurer, K. Christiansen; secretaries, G. Shannon, Mrs. J. Johnston. Serving in other capacities, C. Jennings, D. Byers, A. Schofield, D. Murchison, A. E. Peters, M. Lewis, M. Carey, F. Leary, A. Newcomb, M. Brown, M. Downey, M. Moore. M. Craig is the representative to *The Canadian Nurse*.

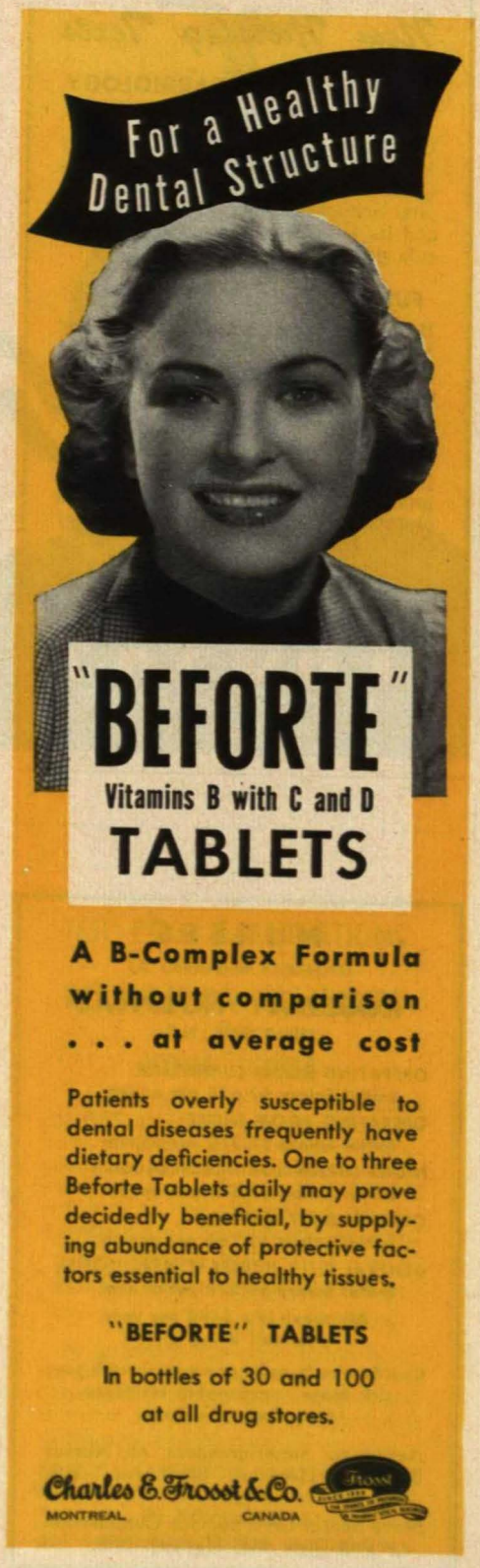
ONTARIO

District 2

Woodstock

General Hospital

Officers elected at the recent annual meeting of the alumnae association are: Honorary president, P. Bluett; president, Mrs. I. Watt; vice-presidents, Mmes Phyllis Smith, J. Hartley; secretary, M. McLellan, assistant, M. Goad; treasurer, Mrs. A. Glain.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CANADA

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assistant, Mrs. B. Meadows; in other capacities, R. Loosemore, A. Waldie, Mmes B. Baker, K. Berry, B. Wood.

District 3

Guelph

General Hospital

At the annual meeting of the alumnae association, excellent programs and fair attendance at meetings during 1954 were noted. Of special interest were: A tea and penny sale; the annual dinner with Rev. J. F. Stewart as guest speaker and members of the graduating class, guests of honor; a successful dance in the fall; awards of a $500 scholarship to a graduate of the school and a $150 bursary to a student entering training. The student nurses were guests at the Christmas party.

New officers elected are: Honorary president, M. Gaw; president, Mrs. C. Gausden; vice-presidents, M. Featherstone, B. Ingles; treasurer, C. Ziegler; secretaries, F. Widdows, Mrs. G. Elliott. Others serving are: E. Stewart, B. Hodgson, F. Mortimer, Mmes R. Maltby, F. McLeod, W. Fairweather. Mrs. Elliott is the representative to *The Canadian Nurse.*

District 5

Toronto

General Hospital

Joan Main is doing post-graduate work at McGill University. V. Lindabury, B. Panter, M. Spear, and K. Corry are taking post-graduate studies in public health nursing at University of Western Ontario, London. A. Kimberley is at Children's Memorial Hospital, Montreal, while E. Kirton has joined the health service of the Ontario Hydro. D. Forgie is on the staff of the new Northwestern Hospital, Toronto; M. Cleland, W.C.H.; I. Norris, Ontario Society for Crippled Children; R. Fink, Ontario Cancer Research Foundation, as medical social worker. J. Bates is industrial nurse at Coutts Greeting Card Co.

M. Kellough is matron of a new eye hospital on St. Clair Ave., while M. Thompson is superintendent of nursing, E. Minty, educational director, and J. Blake, O.R. superivsor, at Brantford General Hospital.

Women's College Hospital

For this year, those who have not paid alumnae association fees for a year or more may become paid-up members by paying before March 31 the annual fee of $3.00 only, with no re-instatement fee. Out-of-town members are asked to remember the exchange on cheques.

E. Reed is at the R.A.F. Hospital, Changi, Singapore, and E. Glean at Trevellan, St. Patricks, Grenada. Mrs. (Cole) Hewitt and R. McDiarmid have gone to the Red Cross Hospital, Englehart. Miss McDiarmid replaced Mrs. McKay who was transferred to Nipigon. J. Good is doing general duty in

Cleveland, Ohio, while Vivian Smith is taking further post-graduate studies at university in London, Ont.

E. Pepper, scheduled to speak at the February meeting, is on furlough from Bolivia.

District 8

Cornwall

General Hospital

There were 160 nurses at the reunion dinner arranged by the alumnae association. Graduates from all over Canada and the United States recalled many happy memories and noted the changes in the hospital as it is today. Miss Alexa Walker was the first of the 352 nurses who have graduated since the school was opened in 1900. Other early graduates were F. Pitts, G. Putnam, E. Linton, and A. Playfair. Miss Pitts later became one of the superintendents. Miss Linton visited her alma mater last year and was much impressed by the changes in it. The school of nursing has greatly expanded facilities and equipment while the new nurses' residence, opened last September, replaces the Colquhoun Memorial Home erected in 1914. The guests were received by E. Allan and Mrs. H. Gunther. The guest speaker, Miss Margaret Kerr, editor and business manager of *The Canadian Nurse*, was introduced by Miss M. Nephew, superintendent, and thanked by Mrs. E. Whitney. Dr. L. A. Caldwell, chief of staff, presented greetings from the medical staff and was introduced by E. Stillson and thanked by Mrs. W. Cunningham. Others participating were: Mrs. M. Black and M. Lambert. A reunion tea was held the following day at the nurses' residence.

The alumnae association was organized in 1920. Present officers are: Honorary president, Mrs. Boldick; president, Mrs. G. Reynolds; vice-president, Mrs. R. McLennan; secretary, P. Rutley; treasurer, Mrs. R. Jamieson.

PRINCE EDWARD ISLAND

Charlottetown

Prince Edward Island Hospital

President Mrs. K. MacKinnon chaired the December meeting of the alumnae association at the Cundall Home. A satisfactory financial report was given by A. Jenkins, treasurer. It was decided to purchase a brass plaque to be placed on the piano donated to the residence in 1952. The sum of $25 was voted to the Community Nursing Registry.

The students of the hospital entertained the staff at the annual Christmas party at the Cundall Home. An excellent program was followed by the arrival of Santa. Later the staff held a party for the preliminary students before they left for Christmas. Mrs. E. Proude received a presentation from the nursing staff on her resignation as assistant head nurse of the veteran's ward. H. Pendleton is replacing Mrs. Proude.

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FOR
REGISTRATION OF NURSES
IN
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To take place on May 18, 19 and 20, 1955 at Halifax, Yarmouth, Amherst, Sydney and Antigonish. Requests for application forms should be made at once and forms **MUST BE** returned to the Registered Nurses Association of Nova Scotia by April 15, 1955, together with:—

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No graduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six (6) weeks of completion of the course of Nursing.

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Royal Victoria Hospital

Recent changes in staff include the following: I. Allmen, C. Dean, C. Howells, F. Sumner, M. Kenly, Allan Memorial Institute of Psychiatry; M. Belliveau and B. Dawes, main operating room; J. McAllister and B. Fields, Montreal Neurological Institute. E. Timmins, Women's Pavilion; C. Grimson, assistant, Ward J.

J. (McIlwraith) Gooding is on the staff of the out-patient department, Children's Memorial Hospital, while J. Mace is working in San Francisco. M. (Collins) Corrigan is head nurse of the emergency ward, Royal Jubilee Hospital, Victoria, and M. McEwen is on the staff of the Newport Hospital, Vermont. A. Fyles is taking a course leading to a B.Sc. degree at the Boston University School for Graduate Nurses. Esther (Carnell) Herder was a recent visitor.

A beauty parlor opened recently in the Allan Memorial Institute will extend its services to patients and staff of the whole hospital.

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GENTLY RELIEVES ORDINARY CONSTIPATION

SASKATCHEWAN

SASKATOON

City Hospital

The alumnae association gave a Christmas party for about 60 children and their mothers Films were shown followed by a box lunch and the arrival of Dr. "Santa" Hodgson. Students, graduate nurses and internes provided varied entertainment at the annual Christmas party of the school of nursing and a visit from Santa Claus climaxed the program.

The move to the new building has progressed steadily. One male nurse was included in each of the two groups of British nurses participating in the special orientation program. A short time in each hospital department and tours of the Red Cross blood donor clinic, University Hospital and industrial plants were provided by the rotation program. The first group was welcomed by Mrs. H. Armstrong, director of nursing, at the banquet of the local chapter in December. Dr. G. W. Simpson, professor of history at University of Saskatchewan, was guest speaker and chose as his topic, "From Sod Shack to Chromium Hospital." A tour of the city organized by the doctors' wives and a tea at the home of Mrs. W. A. Murphy were followed by a tea in the nurses' residence in January to bid farewell to the first group and welcome the second. Former staff members, Misses Heiren and Lawrence, were guests at the membership tea given by the S.R.N.A. Both are on the staff of the new University Hospital after spending the past four years in the United States.

Officers of the Vancouver branch of the alumnae association are: President, F. (Munroe) Cooper; vice-president, D. (Swan) Lovick; secretary, May (Brooks) Irving; treasurer, Mrs. D. Bjarnason. A membership tea is planned for May 15 and the annual get-together of all S.C.H. graduates will be a dinner dance at the Canyon Gardens on June 3.

St. Paul's Hospital

Dr. Herman presented the students with a T.V. set on behalf of the medical staff and Sr. Superior added a new movie projector for their pleasure and education. Supervisors and clinical instructors of the obstetrical and pediatrics departments attended an institute in child welfare at University of Saskatchewan. In January a new method of charting was introduced but the old adage, "use your head," is still applicable.

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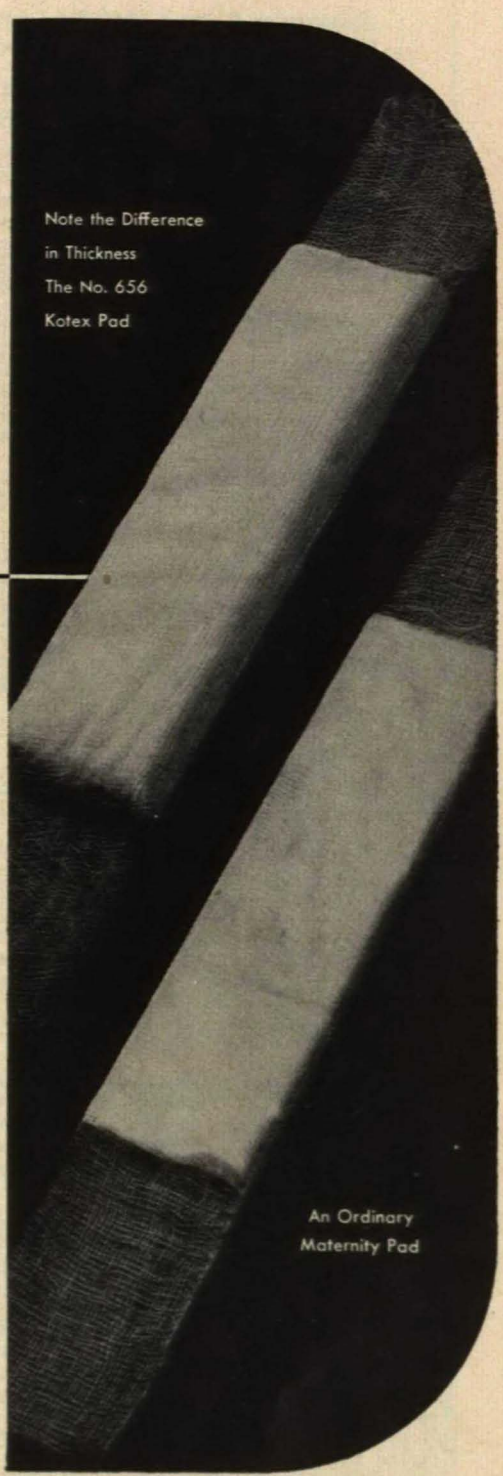

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Applications are invited for the position of **Supt. of Nurses;** applicants should be registered or able to register in British Columbia. Give particulars of training, qualifications and experience in first letter and for further details apply to Administrator, Kimberley & District General Hospital, Kimberley, B.C.

Graduate Nurses offered a six-month post-graduate course in Tuberculosis. Maintenance and salary as for general staff nurses; opportunity for permanent employment if desired. Spring and fall classes. For further information apply Baker Memorial Sanatorium, Calgary, Alberta.

General Duty Graduate Nurses for 70-bed acute General Hospital situated 200 miles northwest of Vancouver on the B.C. coast. Salary $222 per mo. plus four semi-annual increments, less $25 per mo. full maintenance; 4 wks. holidays plus 10 statutory holidays after 1 yr. Transportation advanced if desired. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses (2) for 22-bed hospital. Salary: $230 per mo. if B.C. registered, less $40 board, room and laundry. 28 days vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, to Matron, Burns Lake Hospital, Burns Lake, British Columbia.

Registered Nurses (2) for 22-bed hospital, preferably with Operating Room experience. Good salary & reasonable maintenance. 44-hr. wk.; 28 days vacation with pay after 1 yr. service; 7 statutory holidays. Apply, giving qualifications & references, Bruce Peninsula & District Memorial Hospital, Wiarton, Ont.

Registered Nurses for General Staff, 200-bed hospital. Salary: $280 per mo; 40-hr. wk. Evening and night differential; living-in accommodation if desired. Write: Director of Nurses, St. Anthony's Hospital, 2875 W. 19th St., Chicago 23, Illinois.

Graduate Nurses (3) at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

Registered Nurses for General Staff Duty in 80-bed general hospital. Good personnel policies. Apply Director of Nurses, Parry Sound General Hospital, Parry Sound, Ont.

General Duty Nurses for hospital 300 miles north of Vancouver, on the B.C. coast. Salary $215 per mo. less $40 maintenance; 2 annual increments of $5.00 per mo. Sick time 1½ days per mo. cumulative; 1 mo. annual holiday, plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. Apply: Matron, The R. W. Large Memorial Hospital of the United Church of Canada, Campbell Island P.O., Bella Bella, British Columbia.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

NURSING ARTS INSTRUCTOR

CLINICAL INSTRUCTOR FOR PEDIATRICS

In New Hospital Capacity 266 beds

Salary $300 to $350 per month depending on qualifications; Liberal Personnel Policies

Apply: Personnel Director, Sarnia General Hospital, Sarnia, Ontario.

Registered Nurse for 20-bed hospital. Salary: $250 per mo. with full maintenance, and annual increases of $10 per mo. for 3 yrs. 3 wks. holiday after 1 yr. duty, and 4 wks. annual holiday after 2 yrs. duty. Also **Registered Nurse (1) for General Duty** at salary of $180 per mo. with full maintenance and same annual increases and holidays. Duties to commence as soon as possible. Apply: Matron, Shoal Lake District Hospital, Shoal Lake, Manitoba.

Qualified Instructor for school of nursing to assume responsibility under the supervision of the Director of Nursing for a nursing education program in a 36-student school. Salary in accordance with training and experience, 44-hr. wk., general staff benefits. Apply, stating age, marital status, qualifications and employment history to the Administrator, Victoria Hospital, Renfrew, Ont.

Public Health Nurse for well established generalized program in Grey County, population of town, 4,000. Minimum salary: $2,600; allowance made for experience; 4 wks. vacation. Apply to D. D. Brigham, Secretary, Board of Health, Hanover, Ont.

Supervisor of Nursing for 28-bed general hospital in Huntingdon County, in a small industrial town 45 miles from Montreal, offering many pleasant social and recreational activities. Pleasant working conditions; living quarters in hospital; annual holiday of 1 mo.; statutory holidays; two wks. sick leave; Blue Cross paid. No previous Supervisor has ever left us due to dissatisfaction with working conditions or salary. Losses mainly have been due to marriage. Good starting salary. Apply: F. G. McCrimmon, M.D., Medical Superintendent, Box 488, Huntingdon, P.Q.

Public Health Nurse — Grade I — British Columbia Civil Service, Dept. of Health & Welfare. Starting salary: $255-260-266 per mo., depending on experience, rising to $298. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in B.C. & have completed University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of province.) Cars are provided; 5-day wk. in most districts; uniform allowance. Candidates must be British subjects, under 40 yrs. of age, except in case of ex-service women who are given preference. Further information may be obtained from Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Application forms obtainable from all Govt. agencies, Civil Service Commission, Weiler Bldg., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Victoria, B.C.

Registered Nurses for 60-bed hospital, starting salary $160 plus full maintenance. 8-hr. duty; 28 days vacation; pleasant surroundings with excellent residence across from hospital; increment after 1 yr. service for 3-yrs. Apply Supt. of Nurses, Alexandra Marine & General Hospital, Goderich, Ont.

Registered Nurses for new 30-bed hospital. R.N.A.B.C. policies in effect. Apply Matron Creston Valley Hospital, Creston, B.C.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

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A qualified staff for the following positions:

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Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.

APPLY DIRECTOR OF NURSING

Registered and Non-Registered Nurses, General Duty. Salaries: Registered Nurses, $160. per mo. with full maintenance; others according to experience; 8-hr. rotating shifts with 1 day off each wk. and an extra day every second wk. Vacation and sick allowance — each 1 and ½ days monthly. Complete new hospital unit under construction. Apply: Supt., Lady Minto Hospital, Cochrane, Ont.

Staff Nurses for 500-bed general hospital. 40-hr. wk. Beginning salary: $260. per mo. with advancement to $295; additional differential $1.50 per afternoon, $1.00 per night. Hospital and school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan, U.S.A.

Maternity Nurses for small general hospital. Salary $105 with full maintenance; 44-hr. wk; 8-hr. duty; rotating shifts; yearly increments and other benefits. Apply, Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Graduate Nurses for General Duty. Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for modern 75-bed Hospital. Basic salary $170, plus maintenance. Apply Administrator, Dufferin Area Hospital, Orangeville, Ont.

Registered Nurse for children's summer camp in Laurentians; July and August. Apply: Box "A", The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Que.

Registered Nurses for all services in 90-bed, non-denominational hospital. Basic salary $240 with increments of $5.00 every six months to two years. $15 and $10 additional for evening and night duty; 40-hr. wk; 7 paid holidays; 3 weeks vacation with pay, sick leave. For further information write Director of Nurses, St. John's Hospital, Red Wing, Minnesota, U.S.A.

Staff Nurses for 300-bed hospital. Starting salary: $13.88 per day, and time and a half for overtime. Six paid holidays per yr. or double time if worked. 40-hr. wk. with rotating shifts. Two weeks vacation with pay and 18 days sick leave without loss of salary annually. Twenty minutes from downtown Detroit. Apply, Director of Nursing, Highland Park General Hospital, 369 Glendale, Highland Park 3, Michigan.

Registered Nurses for General Duty (2) for 76-bed fully modern hospital on C.P.R. main line and Trans-Canada Highway to Calgary & Banff. Salary: $170 & full maintenance with $5.00 increment every 6 mos.; sick leave with pay; 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Apply Supt., Municipal Hospital, Brooks, Alta.

Registered Nurses for 398-bed non-sectarian general hospital with school of nursing. Full or part-time; excellent opportunity for study at nearby Western Reserve University. Starting Salary: $240-260 based on experience plus $1.00 per diem for evening or night duty. Operating room nurses $10 per mo. additional; two wks. vacation; 6 holidays; 10 days sick leave. We will assist you in finding living accommodations. For detailed personnel policies write Director of Nursing, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

School of Nursing, Metropolitan General Hospital
WINDSOR, ONTARIO

The following positions combining both classroom and clinical instruction will be open August, 1955.

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INSTRUCTOR IN SCIENCE AND SURGICAL NURSING
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This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.

For further information apply to:

MISS DOROTHY R. COLQUHOUN, DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONT.

Registered Nurses (2) for 50-bed municipal hospital; Salary: $175 per mo., plus maintenance and 10 statutory holidays; 44-hr. wk. For further information contact Matron, Municipal Hospital, Wainwright, Alberta.

Registered Nurses for General Duty in small General Hospital in town of Huntingdon, 45 miles southwest of Montreal, with excellent bus service to that city. Pleasant working conditions; 8-hr. duty with three rotating shifts. Salary: $150 per mo. with full maintenance & three increases of $5.00 per mo. semi-annually. BX paid; 1 mo. vacation after 1 yr. Apply Matron, County Hospital, Huntingdon, Que.

Operating Room Nurses and **General Duty Nurses** for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Inquiries invited from **Graduate Nurses for General Staff Duty.** 40-hr. wk. Salary: $235.50 per mo. as minimum and $273.75 as maximum, plus shift differential for evening and night duty. Temporary residence accommodation is available. Applications should be accompanied by letter of acceptance of registration in B.C. from Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $230-260. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $260 per mo. less $40 for board, residence, laundry; $10 annual increment. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after first yr. Also **Charge Nurse,** 25-bed ward combined female surgery and obstetrics. Salary commences at $275. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, British Columbia.

Public Health Nurse immediately for generalized program, for appointment with sub-office of the Red Deer Health Unit. Excellent starting salary plus consideration for former experience or qualifications. Yearly increments, pension plan and group hospitalization benefits. New Unit car furnished while on duty. Nominal charge for completely furnished living quarters adjacent to Unit office. Direct inquiries to the M.O.H. or Senior Nurse of the No. 9 (Red Deer) Health Unit, Red Deer, Alberta.

Registered Nurses (2) for General Duty for 18-bed hospital. Starting Salary: $220 per mo. with $5.00 half yearly increase. Full board & lodging $40 per mo. in nurses' home. Usual holidays and sick leave. Apply Administrator, Lady Minto Hospital, Ganges, British Columbia.

SCHOOL OF NURSING, HAMILTON GENERAL HOSPITAL

Hamilton, Ontario

Positions open in the spring of 1955:

(1) *CLINICAL INSTRUCTOR IN SURGICAL NURSING*
(2) *CLINICAL INSTRUCTOR IN NURSING ARTS*
(3) *JUNIOR INSTRUCTOR IN SCIENCE*

The School offers a three year course in nursing including an affiliation in psychiatric nursing for all students. Total enrolment is approximately three hundred — modern, well-equipped classrooms.

QUALIFICATIONS: Registration with the Registered Nurses' Association of Ontario, and a University Certificate in Teaching and Supervision

For further information write to:

Director of Nursing, Hamilton General Hospital, Hamilton, Ontario

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Operating Room Nurse immediately. Salary commensurate with training. Also **Registered Nurses and Maternity Nurses,** salary: $150 and $105 respectively with full maintenance. Small general hospital; 44-hr. wk.; 8 hr. duty; rotating shifts; Blue Cross and many other benefits. Apply Lady Superintendent, Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for General Duty and **Obstetrical Supervisor** for 50-bed hospital. For further details apply to Superintendent, Cobourg General Hospital, Cobourg, Ont.

Registered Nurses for General Duty in modern 18-bed private hospital in iron mining town, 180 miles north of Sault Ste. Marie. Excellent accommodations and personnel policies. Starting salary: $235 with annual increase, less $20 for maintenance. Transportation allowance after 3 mos. service. **Operating Room Nurse,** post-graduate preferred; starting salary: $255 with same benefits as above. Apply: Supt., Lady Dunn Hospital, Jamestown, Ontario.

Assistant Director of Public Health Nursing required by City of Ottawa Health Dept., with certificate in administration and supervision in public health nursing; generalized program; good personnel policies, Blue Cross and superannuation plan available. For further details apply to: Personnel Office, Transportation Building, 48 Rideau St., Ottawa 2, Ontario.

District Supervisor for City of Ottawa Health Dept., preferably with certificate in administration and supervision in public health nursing. Generalized program under director of public health nursing. Good personnel policies, Blue Cross and pension plan available. For further details apply: Employment and Labor Office, Treasury Dept., Transportation Building, 48 Rideau St., Ottawa 2, Ont.

Registered Nurses for active 50-bed general hospital in an attractive community 100 miles northwest of Toronto. Salary: $165 per mo. plus full maintenance. Please apply to: Supt., Listowel Memorial Hospital, Listowel, Ont.

Assistant Director of Nursing Service for 300-bed general hospital in southwestern Ontario. For further information apply: Director of Nursing, St. Thomas Elgin General Hospital, St. Thomas, Ont.

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1955-56 Session

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For additional information write to:

SCHOOL OF NURSING, McMASTER UNIVERSITY, HAMILTON, ONTARIO

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